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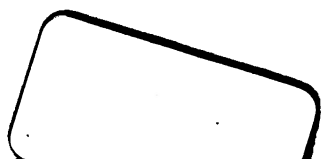
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THE MONTHLY  
HOMŒOPATHIC REVIEW.

EDITED BY  
J. RYAN, M.D., W. BAYES, M.D., A. C. POPE, ESQ.



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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PAST AND THE FUTURE:

1865 AND 1866.

THE opening day of a new year suggests itself to us as a suitable occasion, on which to review the progress we have made during that which has but just passed over us, and to consider the obligations devolving upon us in meeting those practical difficulties, which are even now in our midst, and others which it seems but too probable we may be called upon to encounter.

The evidence, that has been gradually accumulating during recent years, proving that some of the more thoughtful members of the profession are confirming the truth of the estimate formed by Hahnemann of the results of the so-called heroic treatment, has been distinctly added to during the past twelve months. And still more, some of those doctrines, which are peculiarly characteristic of Hahnemann's teaching, have, since last new-year's day, been enunciated *ex cathedra*. Not that they have been taught *as* Hahnemann's, or been given in the language in which he first clothed them; on the contrary, they have been treated as *novelties* in pathology! Yes! what Hahnemann published in Germany in 1810 has been preached in Scotland in 1865 as "the most important improvement in the modern practice of medicine"!!



## THE PAST AND THE FUTURE.

Turning to the number of this *Review* for March last, the reader will there find a report of an address on the *Modern Practice of Medicine*, delivered at the Edinburgh College of Surgeons by Dr. Haldane, before a large gathering of the members of the medical profession. In this lecture, the very methods of treatment against which Hahnemann launched his severest denunciations are described as "time-honoured but vicious." Their abandonment constitutes, Dr. Haldane states, "*the most important improvement in the modern practice of medicine.*" No inconsiderable share of the obloquy that has been heaped upon the name and memory of Hahnemann, no small proportion of that which has been attached to his followers, has arisen in that he and they, years ago, when such modes of treatment were in vogue, described them in the terms now used by Dr. Haldane.

In the same lecture, the doctrine which Hahnemann insisted on so strongly (a doctrine for advancing which he has been set down as an ignoramus and a fool), "*that diseases are not new and independent entities, but that they are perversions of normal or physiological processes,*" is stated to have been "*only lately recognised,*" and to be "*a fundamental and most important principle of pathology.*" This, as we pointed out at the time, is as plainly set forth in the *Organon* as language admits of its being. Another doctrine of Hahnemann, which has afforded abundant material for ignorant ridicule, is also accurately described and enforced, as of essential importance, by Dr. Haldane. Hahnemann writes that, "it must be the symptoms alone by which the disease demands and points to the remedy suited to relieve it." Dr. Haldane tells us that the object of the physician is "*to treat symptoms, although he may not know on what they essentially depend.*" And, as though he would approach as closely as possible to the homœopathic law itself, he argued that

## THE PAST AND THE FUTURE.

“ medicines to manifest their full energy must be so administered as to exert their influence upon particular organs. . . . Instead of acting upon the system as a whole, they must concentrate their treatment upon the diseased locality.” Here, then, we have Hahnemann’s principles publicly taught as *novelties*, sixty years after they were first given to the world, and more than twenty since their great author breathed his last!

A few weeks after Dr. Haldane had been thus clearly inculcating Hahnemann’s views of the nature of disease, of the supreme importance of symptomatology, and approaching, as closely as he dared, his grand law of *similars*, Professor MacLagan more than hinted at the necessity for *proving* medicines on the healthy prior to administering them to the sick. Speaking of what he terms the *rational method* of selecting remedies, he says, “ it seeks a correct knowledge of pathology on the one hand and of physiology on the other, and from these it evolves a theory which shall not only explain why our remedies cure in known instances, but should enable us to predict that they will act beneficially in circumstances under which they have not hitherto been tried.” Followed to its legitimate conclusion, the comparison between the physiological action of a remedy and the pathological characteristics of the disease it cures can lead to but *one* theory, and that theory is tersely expressed by the words *similia similibus curentur*.

Neither has the year passed over without our allopathic colleagues having received some light upon the power of infinitesimal particles of matter to make their way through all the textures of the body. This time, however, we are glad to be able to acknowledge the originality of the experimentalist. Dr. Bence Jones has not, like Drs. Haldane and MacLagan, merely appropriated Hahnemann, but he has, in a series of experiments conducted by the

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aid of spectral analysis, thrown a new light upon the diffusion of medicinal agents, and has added considerably to our power physically to demonstrate the presence in the tissues of minute particles of medicinal matter.

Dr. Jones's conclusions are thus summed up by Dr. Rutherford Russell, in the last number of the *Annals of the British Homœopathic Society*:—

“1st. That a small quantity of an inorganic body, such as the Chloride of Lithium, in the dose of three grains, given on an empty stomach, will be found to have so thoroughly diffused itself through the body, as to be detected in the aqueous humour of the eye, and the cartilages of the hip-joint, in fifteen minutes after its administration by the mouth. 2nd. That one grain of this substance, given to a pig, was detected in the lens in five and a half hours; and, by a series of experiments, it was ascertained that this quantity, when given by the mouth, was discoverable in the lens for three days after its administration. Thinking it would be interesting to determine the exact quantity of Lithium present in the lens of this pig's eye, I procured the eye of a pig, which weighed ninety-six pounds; and, having extracted the lens, I had it weighed in a delicate balance, and I found it to be six grains. By the simple rule of three we can thus determine the quantity of Lithium detectable by an optical experiment; and this was  $\frac{1}{122880}$ th of a grain. 3rd. While the Lithium was proved to be present in all the textures of the body in the short space of from four to fifteen minutes, it was found to have wholly disappeared after the lapse of six days. This shows, that even in those tissues which are, apparently, least vital, and approach, in their structure, almost to the character of a mineral, there is a continual flux going on; that even these outlying portions of the frame are not in a state of rest, but of incessant change; that the molecules of which they consist are being constantly exposed to the action of chemical as well as of vital agents; and that, to quote the words of the distinguished author of these investigations, ‘the chemical force, which may have been latent for ages in the vegetable and

## THE PAST AND THE FUTURE.

mineral substances that can enter by our vegetable and mineral food and medicine into this larger circulation, may be so given out in the textures, as to increase or diminish those actions of oxidation, motion, sensation, and growth, which almost, not altogether, constitute that assemblage of correlated actions which we sum up in two words—animal life.’ ”

Thus it is that homœopathy is silently but surely gaining ground in the higher ranks of the profession. It is true that the word homœopathy is as detested as ever, that those who not only believe in homœopathy but have the courage to say that they do so, are as slandered as at any previous period of our history, but this dishonest state of things cannot long endure. For a time it may and probably will—but the day is rapidly approaching when homœopathy will take its proper rank in medicine as the embodiment of all that is most valuable in therapeutics :—when Hahnemann will be recognized as one of those far seeing men too much in advance of his generation to receive from the men of it the appreciation he so richly merited, when to him will be ascribed the originality of those great medical doctrines, which is now deliberately assumed by others.

The irresistible force of truth whilst seen in the covert mode in which homœopathy has recently been taught by allopathic practitioners in high places, has been more openly expressed by the public in the daily increasing appreciation it has shown both of homœopathy itself and of those who avowedly teach and practise it. At home, homœopathy has been found by the actuaries of a large *Life Assurance Company* (The General Provident) to be of such importance to the health and longevity of the community, that the Directors have opened “ *a special section for persons treated by the homœopathic system at a lower rate of premium than that charged on other lives.*”



## THE PAST AND THE FUTURE.

The facts on which this decision was based, we stated in our *Review* for April last. We repeat them here. "That persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by disease, and, when attacked recover more rapidly than those treated by any other system; that with respect to the more fatal classes of disease, the mortality under homœopathy is small, in comparison with that under allopathy; that there are diseases not curable at all under the latter system which are perfectly curable under the former. Finally, that the medicines prescribed by homœopaths do not injure the constitution, whereas those employed by allopaths not unfrequently entail the most serious and in many instances fatal consequences."

Men examining statistics for the purpose of converting their conclusions into cash are not likely to err in favoring a mode of treatment which is far from being universally known, or from being generally admitted to be true, even where it has been heard of. But homœopathic statistics have, as a rule, been collected with such scrupulous regard to correctness, that they will bear the most rigid examination; and the only inferences that can be drawn from them are those we have just detailed.

In France the *ouvriers* of Paris have petitioned for the establishment of a Homœopathic Hospital under the auspices of the government. The telling facts upon which their petition was based will be found clearly narrated by Dr. Léon Simon in another part of our *Review*. The progress of homœopathy abroad is there made known in a manner at once striking and truthful.

In Spain we find that the Queen has, in addition to the Homœopathic Academy of Madrid, already in active operation, decreed the establishment of a Professorship of Homœopathic Therapeutics and a Clinique of Homœo-

## THE PAST AND THE FUTURE.

pathic Medicine in the hospitals. (*Monthly Hom. Rev.*, May 1865.)

In America, the New York Homœopathic College chartered by the Government to instruct and license to practise in medicine is, in addition to three similar institutions in that country, doing good service to our cause. The *status* of homœopathy in the United States is such as to have sorely grieved the heart of the Editor of the *British Medical Journal*. In New York consultations on matters of surgery and diagnosis between allopaths and homœopaths are daily occurrences; and the county medical societies have been compelled by law to receive homœopathic practitioners as members when duly qualified to become so.

From Germany, from Australia, from India, we hear of homœopathy advancing in public estimation. This advance—taking place in every portion of the civilized world—is due simply and solely to the truth of which the word homœopathy is the expression; to the practical results which homœopathic practitioners have been able to derive from that *truth*; and to the determination which the public has evinced to become possessed of the means of availing itself of it.

Allopathic journalists and practitioners may ridicule, sneer at, misrepresent, and declaim against homœopathy and homœopathic practitioners till their resources in language are exhausted—but they can no more *disprove* the facts upon which homœopathy is built up, than can they those upon which the science of astronomy is based. That they never attempt to do so is sure evidence that they know, but too well, how impossible is such a task.

In two instances during the past year has the vicious but impotent animosity of our opponents been especially displayed. A brief allusion to these is desirable. Never

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did any journalists bring down upon themselves more deserved ridicule from every quarter, than did those of the allopathic medical press, who first insisted upon Dr. Tweedie resigning his connection with the committee for promoting the election of the Hon. Captain Grosvenor for the City of Westminster, and then urged all "good men and true" to vote against their political principles rather than help to a seat in the House of Commons one, who, in case of illness, might be supposed to prefer a small dose of a single homœopathically selected remedy, to considerable quantities of a variety of drugs, suggested by "general principles." They failed; they necessarily failed; is it too much to hope that they learned a lesson from their failure?

In the second case Mr. Skey, till recently one of the Surgeons of St. Bartholomew's Hospital, having been defeated in the witness box at a railway accident trial by two well known homœopathic practitioners, being intensely annoyed at being defeated at all, and still more so, at being placed in this predicament by the well-weighed and well-worded evidence of two of our colleagues—wrote to the *Lancet*, complaining of the INJUSTICE done to the profession by the medical evidence of homœopaths being accepted in Courts of Law. "If" wrote Mr. Skey, "homœopathy is a fiction and a sample of human folly, it is not just that a plaintiff, as in the above instance, should claim large damages, who has systematically deprived himself during the entire term of his treatment, of the services of our profession, and in whose case not a single remark deprecatory of the delusion was made in Court, lest as was hinted, 'there might perchance be a homœopath sitting on the jury.'" There is a world of meaning in the first word of this sentence of Mr. Skey's—"IF," he says, "homœopathy is a fiction and a sample of human folly." Those who have devoted

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some considerable portion of time to its clinical study; those who have experienced the results of its practical application in their own persons, declare that it is neither. While those who have never studied homœopathy, who were never treated homœopathically, or never had the opportunity of watching the illness of any friend so treated, agree with Mr. Skey that it is both. We think that Mr. Skey had much reason for commencing such a sentence with an *if*!

The spread which homœopathy has made throughout the middle, as well as the upper and lower classes of society, is well marked by the fear expressed that "a homœopath might be sitting on the jury." Not twelve men can be collected in a London jury box without the chance that, at least, one of them is a homœopath being so great, that a barrister, whose interest it is, for the moment, to denounce our system, thinks that his client will be best served by his refraining from doing so!

Other attacks upon us there have been as absurd and unjust as these, but enough has been said on a subject uninviting to dwell upon.

The books on practical homœopathy published in this country during the past year have not been numerous. Dr. Russell's *Clinical Lectures* though, as we have already shown, open to considerable criticism, are yet of great value to the student of homœopathy, and form an excellent introduction to the practical study of our system to place in the hands of an inquiring allopathic practitioner. Mr. Lord's *brochure* on *Gastritis Mucosa in Horses* is interesting in two points of view. *First*, as demonstrating the applicability of the homœopathic law to the treatment of severe disease in the lower animals; and *secondly*, as giving us the first intimation of the introduction of homœopathy into the army. We believe that

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Mr. Lord now, with the full and free permission of the veterinary department of the service, treats all the horses under his charge with homœopathically-selected medicines. Mr. Buck has given to us a work, the fruit of much labour and thought, on the *Materia Medica*, calculated to be of great service in the study of this important department of medicine.

From America, we are promised a complete encyclopædia on the same subject, from that indefatigable labourer in the field of homœopathic medicine, Dr. Constantine Hering. We trust that every homœopathic practitioner in this country will assist in enabling the learned editor to publish his very important undertaking. We may here also allude to the valuable papers on *Materia Medica* in course of publication by Dr. Dunham of New York, in the *American Homœopathic Review*. We know of no essays better calculated to give a practitioner a correct knowledge of the sphere of action and the practical application of *aconite* and *bryonia*, than those of Dr. Dunham. We trust that he will continue them, and that they will receive that careful study they so well deserve and will so thoroughly repay.

In Germany a new edition of Hahnemann's *Organon* has appeared, under the auspices of Dr. Lütze of Coëthen. This, from the unwarrantable liberties taken by the editor with the original text, has been unanimously condemned by every homœopathic society and journal under whose notice it has been brought. Another edition, or rather a reprint of the last, has been seen through the press by Hahnemann's grandson, Dr. Süß Hahnemann of London. Dr. Hirschel of Dresden has recently published a very comprehensive essay on some disorders of the stomach, to which a prize was awarded by the Central Society of German Homœopathic Physicians.

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Our Societies too have flourished during 1865. The British Homœopathic never numbered more members or held more interesting and useful meetings than it has done of late. The Northern Association is increasing in numbers, and the attendance grows larger at each succeeding meeting. The Liverpool Society, as the report in our last number shews, has been actively and usefully engaged. We have also had the pleasure of witnessing the formation of a Society of homœopathic practitioners in the Midland Counties during the past year. We trust that this Society will long hold a prominent place amongst us; that its papers and discussions will add to the general stock of pathological and therapeutic knowledge; and the social intercourse its meetings involve, tend to maintain and promote good fellowship among our brethren in the district in which its meetings are held.

As in all human affairs a time arrives when joy must give place to mourning, so is it with our review of the events of 1865 affecting homœopathy. Whilst our system has been advancing, either secretly amongst allopathic practitioners or openly throughout all ranks of society, death has been creating most melancholy gaps in the ranks of those through whose labours this, our progress, has been made possible.

A few days before the close of 1864, Dr. Walker of Manchester, and about the same time, Dr. Ozanne of Guernsey and Dr. Hanson of Brighton, were called away. Then followed, in but too rapid succession, Dr. Maclimont of Bath, Dr. Hewitt, Dr. Chapman and Dr. Laurie of London. Each in his way has done good service to homœopathy, to his profession, and his fellow men. So long a list of worthies it is most melancholy to contemplate. Their work on earth is finished; upon us who remain it is incumbent that we labour in our voca-

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tion the more earnestly, because so many, who worked so well, have departed from amongst us.

With the advent of a new year it behoves us to remember how great a cause we have to defend, to extend, to cultivate. At no previous period in the history of homœopathy were the opportunities for thus fulfilling our duty towards it greater or more encouraging. We have seen that our doctrines and practice are being silently accepted in no stinted measure by our opponents; that the public is anxious and determined that homœopathy shall have justice done to it. May it then be the aim of every homœopathic practitioner faithfully, fearlessly, and temperately to represent the system of healing he has declared his trust in. Let us beware of compromises with the old school. Steadily guided by the homœopathic law, eschewing needless so-called "auxiliaries," avoiding the dangerous shoals of fanciful pathological speculation, our clinical results will commend the practice producing them alike to our profession and the public.

As we write, the subject which occupies so large a share of general attention is one in which, as homœopathists, we have a warm and active interest. The disease, which has prevailed for some months so fatally amongst our cattle, is increasing rather than diminishing its ravages. When its presence was first announced, allopathic practitioners stepped forward only to declare their impotence to deal with it. Homœopathists, on the other hand, fortified by the success already achieved by them in the treatment of other diseases among the lower animals, hastened to the public rescue. At present our power to check this fearful destruction of life among animals so necessary to the common weal, is the subject of carefully instituted and cautiously watched experiment. Success has, apparently,

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crowned our efforts in some districts, while in others it has been no greater than that of those opposed to us in therapeutics. As our knowledge of the disease increases, as our researches into the *materia medica* of the disease are more accurate, we trust that the energy and zeal our brethren have, in all parts of the country, displayed in endeavouring to cope with it, may meet with the reward they so richly merit.

Terrible as is the rinderpest, the prospect of an epidemic of cholera is more terrible still. It is but lately that a tocsin of alarm sounded throughout the country that the cholera was in our midst. For the present its course is stayed; but there is too much ground for the apprehension of its reappearance, with the change of the season, to allow us on such an occasion, as the present, to pass it by without remark.

The comparative superiority of homœopathy to allopathy in the treatment of this fearful disease is no matter of doubt or of speculation; neither does it depend for evidence upon a limited number of experiments conducted abroad. During two visitations of cholera in this country, homœopathy has been extensively and carefully tested. The results are too well known to require recapitulation. Our zealous friend Mr. Frederick Smith, of Penzance, has, in the pages of a recent number of our *Review*, urged upon all homœopaths the importance of appealing to the government to afford to those dependent upon them for medical aid, the opportunity of obtaining that form of treatment which the commission appointed in 1854 conclusively proved to be the most effectual. It is but just that such a result should accrue from the investigation then made. Mr. Smith has in this paper suggested the petitioning the Privy Council, and both houses of Parliament, to make the necessary provision for this purpose. In Penzance 500 signatures to such a petition have already



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been obtained. He also advises that meetings of Dispensary committees should be held, to arrange for providing the poor and others with medicines, and instructions for their use, in case the disease should appear in their districts. This was done in Leeds many years ago, and camphorated spirits widely and most effectually distributed in a quarter of the town which, from its sanitary condition and the character of its population, had most reason to dread an invasion of the disease. In this quarter, so successful were the prophylactic measures employed, that but few cases were noted, although every element for their production was present in abundance.

While urging the adoption of Mr. Smith's proposals upon the friends of homœopathy, we would, at the same time, suggest to them that, in towns where cholera has previously raged, preparations should be commenced for the establishment of cholera hospitals, should the occasion for such institutions arise. In each locality a committee should at once be formed to obtain promises of subscriptions, and provide for their collection and disbursement if required. Premises capable of being adapted to such a purpose would readily be found when wanted, while, with the money guaranteed, all the accessories of a hospital could be obtained in a few days.

We commend the consideration of this matter to our colleagues. We are already forewarned; let us also be forearmed. Our work must be done earnestly; and it is with heartfelt thankfulness to the Great Disposer of all human events that we assert, that past experience enables us to advance towards it with abundant confidence.

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## IS HOMŒOPATHY ON ITS TRIAL IN THE TREATMENT OF THE CATTLE PLAGUE?

By DR. BAYES.

WHEN Dr. Hamilton returned from Holland, bringing news that the reported success of the treatment of the Rinderpest in that country was true; that allopathic means cured 50 per cent., or nearly that proportion of cases, while homœopathy saved yet more, namely, 75 per cent., or nearly 80, the good news was cordially hailed on all sides, hope took the place of despondency, and it was determined that the treatment of the disease by homœopathy should at once have an extended and fair trial.

We have not heard what use the allopaths made of that part of the report which conveyed the intelligence that their brethren in Holland were successful to the extent of saving half the beasts so treated; but the homœopathic body, stimulated by the promise held forth, of saving three-fourths of the plague-stricken beasts, very properly and very patriotically formed a large and influential committee, for the purpose of providing the funds which an extensive experiment needed. The action they took was to print and distribute, as widely as possible, the best instructions they were able to afford, for the medical treatment of the disease, and also for the management and nursing of the beasts. This code of instructions was drawn up by the medical officers of the London Homœopathic Hospital, assisted by the Council of the British Homœopathic Society and by Mr. Moore, a veterinary surgeon of wide reputation, whose experience in veterinary homœopathy has extended over many years, and whose success in that branch of the profession has been most marked and satisfactory.

These preparations were not made without much adverse criticism on the part of those medical journals who disbelieve or profess to disbelieve in homœopathy; and even

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those who in the "battle of the doctors" hold a neutral position, cried out, "Homœopathy is on its trial; by the treatment of the Cattle Plague this new system must stand or fall."

We may easily dispose of our chiefest adversary by repeating Lord Bury's very true remark, "that we might as well consult Tom Paine as to the authenticity of the Bible, as look to the *Lancet* for the truth regarding homœopathy." The first editor and proprietor of the *Lancet*, whenever he wrote upon homœopathy, seemed to have taken for his motto that sentiment of Dan. O'Connell's, that "Give a lie ten days' start and the truth can never catch it." The lie, he said, would have taken so firm hold on men's minds in that time, that no force of truth could dislodge it. This policy of the *Lancet* is unchanged, as we shall by-and-bye be able to shew.

With regard to the other cry, that "Homœopathy is on its trial," we do not for one moment allow so grave an error to remain uncontradicted. Homœopathy already has passed its *trial*. It has been weighed over and over again and found worthy. Every homœopathic cure, for the past seventy years or more, adds a little more towards our medical experience; but the *truth of homœopathy* stands already upon the broad and stable foundation formed by millions upon millions of cures in every quarter of the globe. Its success in cholera, in scarlet fever, in yellow fever, and in all those other malignant and fearful diseases which allopathy is, confessedly, powerless to relieve, form a basis from which homœopathy never can be dislodged. If it failed to cure a single case of Cattle Plague, its curative powers in other diseases remain unchanged and unchangeable. Even among its enemies it has shot out its roots, and many of the allopaths themselves scarcely know to what extent it has overturned their time-honoured errors and is sapping the foundation of their prejudices. One single instance we

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will name, in the fact that their best writers on *Materia Medica* are now advising, and in some cases practising, Hahnemann's method of obtaining a knowledge of the pure effects of drugs, viz., by proving them by careful experiments upon the healthy human body. This is the foundation of the whole system of homœopathy; and when they have mastered the foundation, and have followed step by step in Hahnemann's footsteps to the base of our column, we have no fear but that they will climb the whole height of the science to its very capital.

No, *we deny that homœopathy is upon its trial* in this treatment of the Cattle Plague, for the same reason that *we deny that "allopathy is on its trial"* in the treatment of this disease.

Allopathy has failed miserably in the treatment of the Rinderpest. If the Holland allopathic veterinarians saved 50 per cent., their English *confrères* have not saved *one per cent.* in many places;—nay, we doubt very much whether they have saved any cases of true Rinderpest, as the few recoveries they have recorded may and probably have been spontaneous recoveries, in spite of, or at any rate, not in consequence of the medicines administered. Then, on the other hand, if homœopathy were to cure 75 per cent. of its cases in England, the allopaths would not accord the success to the science, but would deny that the cases cured had been Rinderpest at all.

This has always been the conduct of the allopathic medical press and of the allopathic schools towards homœopathy, as was shewn in the last attack of cholera, when, though the cases of cholera treated in the Homœopathic Hospital, were all certified to be cholera, and those cured were testified to by the Government allopathic Medical Inspector, the allopathic body denied the cures, ignored the treatment, refused to go and see for themselves, and behaved just as a set of wilfully blind, pre-

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judiced old Pall Mall noodles always did behave, and always will behave to the end of the chapter. We heard a capital story of one of these purblind gentlemen the other day—one who is the very champion of “blue pills and black draughts for ever.” He attended a celebrated painter in a serious illness; on his recovery the artist promised the doctor a picture, but with a carelessness common among men of genius, he did not for some time fulfil his promise. Our Dr. Blue Pill went to his chemist, himself a patron of art and a friend of this artist, complaining of the meanness of the artist, who had given him neither fee nor picture. “Well,” said the chemist, “if my friend promised you a picture, I am sure he meant to perform his promise; it is very singular, but I have one of his pictures now in my house; it was unsold at the last exhibition; I have just had it framed, &c., and if you like to pay for the frame, you shall have the picture.” “And what may the cost of the frame be?” said the cautious Blue Pill, who came from north of Tweed. “Ten pounds,” said the chemist. “Ten punds!” exclaimed the doctor; “I’ll nae give ten punds for a picture.” In two days after, this same picture was sold to a dealer for £500; he sold it for £1000 to a great connoisseur in the Midland counties, at whose death this same picture was sold for £1200.

Now this story just illustrates the conduct of the Pall Mall College. It would not accept the facts of the homœopathic cures of cholera; it underrated the value which the public would set upon these facts, and refused to receive the gift of knowledge offered to them, at the merely nominal price of casting away a few prejudices; now, before they receive homœopathy, they will have to cast away many prejudices and to suffer much humiliation. The public appreciation of homœopathy appears to us to be the probable means by which it will be forced upon

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the attention of the profession. We may, however, rest assured that if the true homœopathic cure for Cattle Plague be discovered, such discovery will not convince the profession of the truth of homœopathy; and on the other hand, if homœopathy fail to discover such cure, such failure will in no wise invalidate the facts upon which the success of the homœopathic treatment of the human race is based. If a failure in the cure of the Cattle Plague should be the result of our endeavour (which we have great hopes will not be the case, and which recent reports incline us to believe will not be the doom of our efforts), we should only stand side by side with the allopaths, and be free to acknowledge that it had pleased God to send a grievous murrain among our herds, which had proved to be beyond the power of our present medical art to cure or prevent.

Even this would not make us despond, but would set us to discover, by the rules laid down by Hahnemann, the true homœopathic remedy. This can only be found when, by careful experiments with drugs upon healthy animals, we discover a drug which shall induce in the healthy ox or cow symptoms similar to the Rinderpest. When this drug is discovered, we can with confidence predict the cure of the disease. Till then all is experimental. We do not regret the experiments hitherto tried. It was the duty of the Homœopathic Society to try the same or similar means to those which had, apparently, induced so good results in Holland. We are in a position to say that Mr. Moore, who is now in Norwich, and has been there since November the 30th, has seen reason to modify the treatment he at first adopted, and that the Homœopathic Association have withdrawn the instructions they first issued, and will not issue fresh ones until the conclusion of Moore's experiment. Experience has proved their first instructions to be of less value than was at first attached to them.

## EXPERIMENTAL TREATMENT

The *Lancet*, true to its traditional policy, above alluded to, floated the mendacious report that *Moore had fled from Norwich*; and as the best way of making sure that its hollow bubble should float, it has reiterated the assertion in its number of December 16th. The fact is that Moore is, and has been ever since November 30th, conducting a series of experiments in Norwich, under the direct supervision of Mr. Mayer, Staff-Surgeon in the Royal Engineers, who was sent down by the Privy Council to report on Moore's experiments. The *Lancet* wilfully misstates the case for purposes of its own, which are so patent that we need not enter upon them here. We mourn over that condition of morality existing in the profession of medicine, which can make barefaced mendacity, in its leading journal, its best title to commercial success among them. At one time the profession of medicine was in the hands of men who had a juster appreciation of their position, who felt that to be honoured one must act honourably and tell the truth, even to one's own hurt.

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CATTLE PLAGUE.

While we suspend any decided expression of opinion until the completion of Mr. Moore's experiments at Norwich, and of those just undertaken by Mr. Lord in Northumberland, we deem it our duty to lay before our readers a few facts which have already come under our notice, and the conclusions we have already formed upon them.

It is with deep regret that we are forced to the conclusion that *no preventive treatment* has yet been discovered. None has borne the test of extended experience. Mr. Moore told us, in his tract, that *arsenicum* appeared to have protected some dairies from the disease; he stated

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this cautiously, not as a thing proved, but as an isolated fact. We ourselves heard in many quarters, of herds which remained healthy under *arsenicum*, while other herds, in their neighbourhood, were afflicted by the disease. We regret to say that further experience has proved that these were mere coincidences. At Willingham in Cambridgeshire 350 head of cattle were, for a longer or shorter time, put under *arsenicum* 3rd dec. dilution for *prevention*. Willingham, before the outbreak of the disease, possessed 600 head of cattle—nearly 400 are already dead (Dec. 12th), and not more than 100 of the 350 treated for prevention are still alive. This is the largest experiment, as to the preventive powers of the *arsenicum* with which we are acquainted. It is with equal regret that we find ourselves unable to report any good result from the numerous preventives recommended by the Allopaths: all appear equally to have failed utterly. Poor beasts have had their heads, necks, noses and hoofs tarred, washed with all manner of *disinfectants* (so called), have had their mouths washed daily with solutions of *carbolic acid*, and other nauseous compounds, but, so far as we can gather, the Rinderpest has defied all preventives and disinfectants, and set at nought all our precautions. When we turn to treatment, we have but very little success, at present, to speak about. How Mr. Moore's and Mr. Lord's treatment may succeed, it is impossible to say.

At Willingham (above quoted) 130 beasts were treated with the following medicines, according to the symptoms presented:—*aconitum* 1; *belladonna* 1; *phosphorus*; *ammonium carb.*; *arsenicum* 3rd dec., *rhus* 1; *mercurius corr. sub.*, 3rd dec. in 10 drop doses to 20 drop doses. In some cases the medicines were given hourly day and night, in others less often. But the greatest care and attention was given to the beasts. Some were treated in the fields, others in sheds; but out of 130 treated as



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above 126 died. It only increases our pain to repeat, the answer of a correspondent, to our other question, "Has any treatment proved successful"? Answer, "None." All allopathic means, vapour baths, and all possible suggestions have been faithfully carried out in the case of more than 200 other beasts in Willingham. Every beast dies, and the people are given over to the "hopelessness of despair." If the enemies of homœopathy can rejoice over this statement, we freely and candidly confess we can only mourn over so terrible a calamity. From the bottom of our heart we would have rejoiced had we been able to have reported the discovery of a cure for the Rinderpest, even if, in doing so, we had been forced to crown our greatest enemy with the laurels.

We still hear from occasional correspondents of undoubted recoveries under the care of homœopathists. In York 56 beasts, belonging to twenty-four different proprietors, have been treated with *arsenicum* 1, in 10 to 15 drop doses—*belladonna* 1, ditto—*veratrum* 1 (5 to 10 drop doses), *rhûs*  $\Phi$ , ditto, and *phosph.* 1 (10 to 50 drop doses). Eighteen out of the 56 have recovered and remain well; eighteen have died. Twenty others are under treatment (Dec. 23), and, with two exceptions, are doing well.

From Scarboro' we hear that 6 beasts out of 16 (lean Irish cattle) were saved by the administration of *iodide of arsenic* in 5 drop doses of the 3rd decimal tincture, which was given by mixing the medicine in a little flour and sugar, and placing it on the back of the tongue by means of a wooden spoon. The cattle were fed every four hours with one pint of gruel and one pint of warm ale. Colonel Haworth also claims to have saved 50 per cent. of the cattle treated, by giving  $\frac{1}{4}$  grain doses doses of *arsenic* and  $\frac{1}{2}$  grain doses of *phosphorus*. We do not put these forward as *certain cures*; nor are we at all sure that the recovery of these beasts was due to the medicine adminis-

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tered, the experience of our friends in Cambridgeshire, makes us very cautious in claiming all recoveries as cures. Still the apparent success of these means makes us advise the trial of the *iodide of arsenic* in larger doses (5 or 10 grains of the 1st centesimal trituration), of *belladonna* 1 and *rhus*  $\Phi$ ; and, if these fail, we think the *iodide of sulphur* should be tried. *Sulphur* is a medicine which we know acts powerfully on some of the lower animals, the *iodide* is a salt of increased powers. We think the *iodide of sulphur* ought to be tried in the 1st centesimal or 6th dilution. Our friend Dr. Kidd suggests that this Rinderpest presents symptoms having much analogy to malignant measles.

Dr. Hamilton informs us that the beasts at Norwich have a peculiar pustular exanthema all over them, not much elevated, and seeming like suppressed pustules or pocks. A writer in the *Times* hazards the theory that the disease is suppressed small-pox and recommends vaccination. We have no doubt that this subject will receive Mr. Ceeley's full investigation; no man knows so much of the effects of small-pox on animals as he does, and he is one of the Commissioners. We are all at sea as to the true nature of this disease; conjectures and recommendations abound on every side. Enthusiastic men throw their enthusiasm into this question; an idea strikes such an one; he forms it into a theory; he prescribes according to his theory, and tries to accommodate all facts to his own ideas; a few cases recover, and without waiting the final result he at once sends his cases to the *Times*. But the next man who tries the same means fails as utterly as his neighbours had done before him.

The suggestion that vaccination should be tried as a preventive is perhaps worth an experimental trial, but we do not anticipate its success.

Vaccination saves the human race from small-pox, but

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it is yet unproved that vaccination re-transmitted to the bovine race will save them from small-pox.

There is one other word to our colleagues. Let us beg of them, in case of failure, to openly and manfully attribute such failure to its true causes, our want of knowledge as to the essential nature of the disease and our want of knowledge as to the precise homœopathic remedy. We have carefully studied the symptomatology and pathology of the disease, and confess that we know of no medicine which induces similar pathogenetic symptoms. Do not let us look round for extraneous causes of failure, and complain of want of nursing, care and attention when the causes of failure are really internal.

## ARSENIC :

A COMPARISON BETWEEN ITS TOXICAL AND  
THERAPEUTIC EFFECTS.\*

By W. H. EVANS, M.D., Bradford.

WE have long learned to look on *arsenic* as a deadly and virulent poison, and have only within a comparatively short time come to regard it as a curative agent of most extensive range. Its effects as a destroyer are unhappily but too well known; let us compare its less known healing powers with these, with the object of ascertaining what light the one throws on the other.

First amongst the symptoms produced by a poisonous dose of *arsenic* are (according to Christison and Pereira), irritation of the whole tract of the intestinal canal, vomiting, purging, tenesmus, thirst, severe abdominal pain; soon the pulse sinks, the surface becomes cold and

\* The following remarks constituted one of two Theses read before the University of Dublin when graduating M.D. in 1860; the second will appear in the next number of the *Review*.

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clammy, and spasms of the muscles of the extremities are of frequent occurrence; the urine also is commonly diminished, and sometimes suppressed. Such are the symptoms presented by a case of acute arsenical poisoning. Such, too, are the symptoms presented by a case of Asiatic cholera; and to the action of this drug in this and kindred affections, I would desire to direct attention.

To the majority of the profession the use of *arsenic* in bowel complaints was almost unknown until within the last two or three years, when attention was directed to it in the *Lancet* of Oct. 2nd, 1857, by Dr. C. Black, who stated that, according to his experience, *liquor arsenicalis* merited the name of a specific in cholera. The cases which he published are full of interest, and fully justify his views as to the efficacy of the drug; but he was mistaken in supposing that he was the first who had recommended its use in these cases, as its value in cholera and diarrhœa had been recognised at least thirty years prior to the publication of Dr. Black's memoir.

In the *Lancet* of Nov. 21st, 1857, there is a letter from Dr. Hitchman, stating that as long ago as 1849 he had used *arsenious acid* in cholera, in doses of the *one hundredth part of a grain*, and that he obtained "rapid and permanent cures," (I use his own words,) "even in extreme cases, when the vomiting, cramps and dejections were incessant, and appalling to the stoutest heart." Again, in the *Lancet* for the same year, Dec. 12th, Mr. Whiting of King's Lynn asserts that he had used *arsenic* in cholera for some years with great success.

I have now before me my note-book for the early part of 1858. I had then charge of a large dispensary district in the south-west of Ireland, and although I had happily no opportunity of testing Dr. Black's treatment in epidemic cholera, yet many cases of choleraic diarrhœa, dysentery and simple diarrhœa presented themselves; and for a period of four months I treated them almost exclu-

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sively with Fowler's solution. At first I used three-drop doses; I soon found I could do as well with one drop, and I subsequently reduced the dose still further; and I can confidently assert that I never had such success before in the treatment of cases of this kind. I have latterly used *arsenious acid* in very minute doses, and I find it to act more quickly, and if possible more surely, than the *arsenite of potash*.

To illustrate my statement by cases, would extend this paper beyond its legitimate bounds; I shall therefore pass on to notice briefly a few other prominent symptoms of arsenical poisoning.

When the dose has not been sufficient to destroy life, yet large enough to produce considerable disturbance in the animal economy, some of its after effects on the system are very well marked. I had a good opportunity of witnessing these effects in several cases which I had under care,—the victims of that sad calamity which occurred in Bradford, in November 1858, when many lives were lost by eating lozenges which had been accidentally adulterated with arsenic. In many which I saw, a scaly eruption appeared within a week of the poisoning, accompanied with inflammation of the conjunctiva, especially the tarsal edges; anasarca occurred in some; but neuralgic pains were complained of by nearly all—in one case, especially, I noted periodicity.

It scarcely requires me to point out the fact that *arsenic* has been found eminently beneficial in diseases which are, as it were, shadowed forth by these its toxic effects. One illustration more will suffice. Cases of slow arsenical poisoning are on record, where the chief symptoms observable were, a general cachexia, depression of the vital forces, loss of appetite, listlessness, and melancholy. Now cases often present themselves with symptoms resembling these I have named, and no better medicine exists for their treatment than *arsenic*: the general experience of

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the profession as to the tonic effect of *liquor arsenicalis* goes far to corroborate this. I had lately under care a gentleman, who had been pronounced by his former medical attendant to be suffering from diabetes, apparently for no other reason than increased secretion of urine and loss of flesh. When I saw him, he was becoming daily worse, and described himself as failing both in body and mind. His age was about 40. His urine on examination was found to contain no sugar, the most notable abnormal condition being the large quantity of fat or oil globules which it contained. He was put on small doses of *arsenic*—first, Fowler's solution, and afterwards *arsenious acid*; in two weeks he had gained one pound in weight, and the renal secretions had diminished. He now steadily gained one pound per week, the water becoming more normal in quality and quantity; and while I now write, three months from the commencement of this treatment, all trace of oil globules has vanished from the water, and it is almost reduced to its usual quantity; he has increased in flesh so as to weigh as much as he did before his illness, and is able to pursue his business, which requires activity of body and mind. At first he had drop doses of Fowler's solution, three times a day; but during the greater part of the time, doses of  $\frac{1}{100}$  gr. of *arsenious acid*, night and morning.

Recurring again to the correspondence in the *Lancet*, Mr. Sargint writes, asking Dr. Black to explain the *modus operandi* of this drug in cholera and diarrhœa, and to give his reasons for using it. This he does by stating "that cholera depends upon a certain poison in the blood, aptly termed 'choleraic poison;' that arsenic acts by neutralizing or destroying that poison in the blood, and that when it has done so, the peculiar symptoms of the disease subside. That this is produced in accordance with a well-known physiological law—that no two actions of a similar nature can go on in the same part at one and the same time; that

## CASES OF AUTUMNAL DIARRHŒA, ETC.

*in short the greater action destroys the less.* If then a greater poison be given to the blood than the one which is already present in it, the latter must in accordance with the above law be destroyed."

Apply this reasoning, as it may be done, more extensively, and we have the basis of a system of medicine which it has been too much the custom in these days to decry.

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CASES OF AUTUMNAL DIARRHŒA  
AND CHOLERA,  
TREATED WITH IRIS VERSICOLOR & IRISIN.

By GEORGE LADE, M.D., King's Lynn.

IN the months of September and October of the past year, bowel complaints were exceedingly prevalent in the neighbourhood in which I practise. Many of the cases concerning which I was consulted, had their counterparts in the phenomena produced by the primary action of *arsenicum*, *mercurius*, and *veratrum*, and were successfully combatted by one or other of these well proved polychrests; but the majority of my patients presented symptoms which bore so much resemblance to the pathogenesis of *iris versicolor*, given by Dr. E. M. Hale in his interesting work on "New Remedies," that I was induced to rely chiefly on this medicine as being the most promising curative agent in their treatment. The result obtained from its administration in the cases in which it was indicated was very satisfactory, and confirmative of the high opinion which Dr. Hale and other American physicians have formed of its utility in certain intestinal affections. Believing that my professional brethren on this side of the Atlantic may not be uninterested in the subject, I have much pleasure in placing before them a brief statement of my limited experience of the therapeutical virtues of this "new remedy."

## CASES OF AUTUMNAL DIARRHŒA, ETC.

Forty-three patients to whom I gave the *iris* complained of simple diarrhœa only. The evacuations were in some instances papescent, but thin watery stools were more frequently observed; the majority of them were of a dirty yellow hue, some were brown, others green, and a few apparently nothing but dirty water. In all the cases there were more or less griping pains, principally in the umbilical region, which, with loud rumbling in the bowels, generally preceded the discharge. Heat in the rectum and anus was noticed in a considerable number, though not in all of the cases. For the most part the appetite was unimpaired, and in no case were there any feverish symptoms. The medicine was given every three hours and after every loose motion, and its preparations were varied indiscriminately from one-tenth of a grain of the third decimal trituration of *iris versicolor* to one-twentieth of a grain of the first decimal trituration of its active principle, *irisin*. Seldom more than three or four doses were necessary to check the disease, and in none of the cases had the medicine to be continued for more than twenty-four hours. There was little appreciable difference in the effects of the several triturations, but what there was appeared to be in favour of *iris versicolor* 3 dec. and *irisin* 1 dec.

Twelve patients who came under my care suffered from vomiting as well as from purging, but otherwise they presented no features distinguishable from the cases of simple diarrhœa to which I have alluded. The same treatment was pursued. Nine of the cases rapidly recovered; one case had an aggravation of the symptoms some hours after it was placed under treatment, but, bearing in mind that Dr. Hale had frequently observed this aggravation, I persevered with the remedy, and was fully rewarded for so doing, the evacuations soon subsiding altogether; and two cases appeared to derive no benefit



## CASES OF AUTUMNAL DIARRHŒA, ETC.

at all from the medicine, one of them ultimately yielding to *mercurius corrosivus*, and the other, that of a scrofulous woman affected with epilepsy, passing into the chronic state, and resisting until now every curative measure which I have suggested.

Three patients exhibited a combination of symptoms so characteristic of cholera, that I think it better to give their cases separately and at some length, as follows:—

25th Sept., 1865.—W. B. farmer, aged 46 years, sent for me at about half past seven o'clock this morning. He had for three days been suffering from diarrhœa, and late last night he began to complain of vomiting and of cramps in the limbs. His motions are frequent, very copious, and have the appearance of bread crumbs diffused in dirty water. He has a good deal of griping pain in the abdomen, but is quite free from tenesmus. His arms and legs have cramps. The temperature of his skin is low, but not damp. He has considerable thirst, and drinks largely of cold water, which he greatly prefers to any other beverage. He passed his urine about an hour before I saw him.

Ordered bottles of hot water to be applied to the patient's body and limbs, a little brandy and water frequently, and one grain of the second decimal trituration of *irisin* every hour and after every loose motion; the medicine to be gradually given less often as the symptoms improve.

Eight o'clock P.M. Having been very busy all day I was unable to see the patient before this hour. He is decidedly better. He has had but three evacuations per anum since my visit in the morning, the last being about one o'clock. His sickness has also quite gone, but his cramps are still troublesome. To omit the *irisin* and to take instead one drop of *veratrum* 1, every two hours.

26th Sept., 1865. Patient says he has no complaint beyond debility, the cramps having left him during the night. To take *china* 1 every four hours, and nourishing diet with wine.

## CASES OF AUTUMNAL DIARRHŒA, ETC.

After the last report patient gradually regained his strength without further medical interference.

29th Sept., 1865.—J. W., tailor, aged 56 years, has been ill for four days, with diarrhœa during the whole period, and with sickness and cramps in addition since three o'clock this morning. When first seen, about nine o'clock A.M., his symptoms were very similar to those of the preceding case, and the same treatment was advised.

6 P.M. Is much relieved, having had but four stools since ten o'clock; the last evacuation took place about half past two o'clock, and was of more consistence than the preceding ones. He has not quite lost his nausea, and still suffers a good deal from cramps. To continue the treatment.

11 P.M. Is improved in every respect, but still complains of the cramps. To take *veratrum* instead of the *irisin*.

30th Sept. He has now no cramps, but he is extremely weak. To have *china* and wine with nutritious food.

3rd Oct. Gave patient permission to resume his employment to-morrow.

20th Sept., 1865.—Mrs. G., aged 64 years, who is very eccentric in her habits, and lives alone in a wretchedly furnished cottage, sent for me about eight o'clock this morning. She has been troubled with diarrhœa for three or four days, which became suddenly worse in the early part of last night, and about the same time she was seized with vomiting and cramps. When I first saw her there was an almost constant discharge of a thin fluid from the bowels, which had completely saturated her bed. She had used a night chair about an hour and a half before my visit, but had been unable to get out of bed since; the motion in the chair was large, and consisted chiefly of dirty water with numerous greyish flakes resting on the bottom of the vessel. Vomiting was nearly incessant, and

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cold water, for which she had an intense longing, and of which she took copious draughts, was no sooner swallowed than it was rejected. The muscles of her limbs and body were affected with cramps. She had no tenesmus, but complained of severe colicky pains in the bowels. Her skin was icy cold, as was her tongue; her face and other exposed parts had a leaden hue, and her eyes were deeply sunk and surrounded by dark circles. Her prostration was great, and her pulse was scarcely perceptible at the wrist. She had considerable oppression in the chest, and had not micturated for some hours.

The treatment ordered was the following:—hot bricks or bottles of hot water to the limbs and body, friction to the limbs, a quarter of a grain of the first decimal trituration of *irisin* in a dessert spoonful of water every fifteen minutes, and a little brandy and water in alternation with the medicine.

10.15 A.M. Patient is decidedly better. Since my former visit there have been but few evacuations. They are still watery, and are passed in bed. Vomiting is less frequent, but is still troublesome; it appears to be kept up by the large draughts of cold water with which the patient insists upon being supplied. Cramps are not so severe. Beyond the parts to which the artificial heat is applied, the skin is still cold and somewhat clammy. To continue the medicine and the brandy, at longer intervals, and to have beef tea.

1 P.M. There has been no purging since a little after eleven o'clock. Sickness and cramps are much abated, especially the former. Skin has a slight degree of warmth.

3 P.M. Still no action of the bowels, vomiting infrequent, but cramps troublesome. To omit the *irisin* and to take *veratrum* 1 every hour.

8 P.M. Vomiting ceased. Cramps not so frequent and less severe, but still annoying. Skin is now positively warm.

## DISCUSSION ON HOMŒOPATHY, ETC.

To continue the *veratrum* every two hours. As the patient dislikes beef tea, to have mutton broth and bread and milk alternately.

11:30 P.M. Still improving.

21st Sept., 1865.—8 A.M. Patient had two small loose motions between two and three o'clock in the morning, which induced the nurse to administer one or two doses of *irisin*. Has still cramps, but they are very slight indeed. Passed a small quantity of high coloured urine a few minutes before I called.

1 P.M. Is still improving. To discontinue medicine, and to have rice pudding with wine.

Without wearying the reader with further extracts from my case book, I may state, that after the date of the last report, my patient steadily, though slowly, progressed towards recovery. She had a very slight febrile attack on the 22nd Sept., which, however, soon subsided under appropriate treatment. Though very weak, she took a short walk out of doors on the 28th Sept., on which day my professional attendance upon her ceased.

DISCUSSION ON HOMŒOPATHY IN THE  
FRENCH SENATE.

By Dr. LEON SIMON.

THE following Report of this discussion was communicated to the British Homœopathic Society, and appears in the *Annals* for last month.

Dr. Leon Simon explains, that, in rejecting the petition, the senate was influenced by the philippic of M. Dumas, who, as a former professor and chemist of great renown, represented the orthodox faith of the prevailing schools, rather than by the remarkable reasoning of the president, Boujeau, who spoke only *en homme d'état*, although the former expressed only an opinion, while the latter enun-

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ciated a principle; and that the petitioners are far from looking upon this adverse vote as final, or beyond appeal. He shows that, in France, the funds voluntarily subscribed for *Fondations Hospitalieres*, are under the control of *L'Assistance Public*, which has the right to lay its hands on these funds: that, supposing the money collected for founding a Homœopathic hospital, this *Assistance Public* steps in; lays its hands on the funds; founds and governs the hospital according to its *fantaisie*; can nominate the physicians and pupils, and regulate the very hygiene of the establishment: and that this *Assistance Public* is always hostile to Homœopathy.

*Report of a Speech of M. Thayer, on a petition of Workmen in favour of Homœopathy being made accessible to them in some Hospitals in Paris.*

The petition which I have the honour of laying before you is not new; it was brought forward by the Vicomte de Suleau, in the session of 1863, but continued bad health has prevented his coming among us, and the petition was laid aside. Our colleague having prepared a report, I begged to be entrusted with it; and I consider myself fortunate in having so careful a piece of work to lay before you. I have merely added some recent details.

The petition is signed by 1,790 workmen of Paris, stating that, for many years, they have applied to the Homœopathic dispensary for relief, and they have found themselves much more speedily cured than formerly. But when they are attacked by serious and acute illness, which confines them to bed, and requires daily visits and attentions, such as can only be procured in an hospital, they are obliged to submit, with fear and repugnance, to a system they dislike. For this reason they petition the State to devote some hospitals, entirely or partially, to Homœopathic purposes. They only ask for what already

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ly, in Germany, Switzerland, Turkey, America, Brazil, of France.

bars were small they were silent; sufficiently numerous to have had at the Homœopathic dispensary, they Indeed, the number given is within the fact number being 68,137. They ask for some of the public service; and point out to the benevolence of the senate, a certain injustice the working classes. "We do not claim," they say, "to choose our own doctor; only let there be hospitals or wards, where the treatment is such that we can feel confidence in committing our own health and that of our wives and children—where a system is practised which we have proved—a system that husbands the strength of the workman, and shortens the time of his illness and convalescence." They thus close their petition:—"Convinced of the solicitude of the imperial government for all suffering classes, we are satisfied that we shall not vainly invoke the attention of the senate to a matter that touches our dearest and most rightful interests." If the reception of this petition, gentlemen, were to result in leading you to pronounce an opinion on the medical doctrines which divide, and will for long divide, the Allopaths and the Homœopaths, the first wish, nay, the duty of your commission would be, to advise you to abstain, and declare your incompetence to judge in such matters. But putting aside all questions purely medical, that are fought out between the old system—that, in official position, maintains its orthodoxy—and new medicine, that in France, as in all parts of the world, is raising the standard of reform;—there are questions apart from science—matters of fact—the appreciation of which belongs to the public, and consequently comes under the cognizance of the senate.

## DISCUSSION ON HOMŒOPATHY

It is a question of this kind that has elicited the petition of a large portion of these workmen, when they demand that hospitals or wards should be opened, where they can receive the assistance of a system they prefer.

To appreciate the nature of the demand it is necessary to consider the facts of the case, always abstaining from entering into the controversy between the two medical schools. Nevertheless we must acquaint ourselves with the origin and present development of the new system, which has attained so much importance, that a numerous body of citizens should request it might have the same official position which has hitherto been accorded only to the old.

It is more than sixty years since the celebrated Hahnemann began to circulate his new ideas in Germany. From 1810 to 1834 he passed through twenty-four years of struggle, persecution, and success in his own country, before he came to Paris, where he died, leaving to numerous followers the task of carrying out his plans, and making known his doctrine in all parts of the world.

From whatever point of view one regards his theory, it appears to be a most complete appreciation of a principle recognised for 2,000 years, but not hitherto applied in therapeutics. The theory is, that of curing by similars.

It is not less remarkable, that this great innovation in medicine has not, like many ephemeral and empirical methods, disappeared after a few years of ascendancy, to make way for another.

One fact is incontestable—that Homœopathy has conquered, in the medical world of both hemispheres, a place that it is not likely to lose; that its books, journals, and societies are universally known. In many localities there are hospitals, clinical lecturers, and professors; and, throughout the world, it has disciples who teach its precepts, and have recourse to its aid. Nor is it less incon-

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testable, that wherever it gains ground, its power is felt by bringing before the public questions requiring fresh discussions.

One of the most celebrated German physicians, Dr. Hufeland, speaks of it thus ;—

“Homœopathy makes practitioners more attentive to semiology, hitherto sadly neglected, and also to dietetic rules ; it puts an end to the belief in strong doses ; it introduces simplicity in prescriptions ; it leads to a sure method of proving remedies and arriving at a knowledge of their properties (*Dic. Hom.*, Berlin, 1831).” I, together with other trustworthy witnesses, have often seen it efficacious in serious cases, where all other methods had failed.

These successes are sufficient to explain the favour this system has received, and also its rapid propagation ; of which we can form some idea from the fact that Homœopathy is practised exclusively, or conjointly with allopathy, in many hospitals over Europe and America ; that it has many periodical publications, and vast numbers of gratuitous dispensaries. In both Americas its progress has been more rapid than elsewhere, in consequence of not meeting with an organised hierarchy ; and one can easily conceive how so portable a system will be in accordance with the adventurous and unsettled life of a colonist. Permit me now to bring forward some numerical details. We shall see if they accord with the assertion so often heard, “that Homœopathy is dying—is condemned.” On the contrary, you will observe it gains ground daily. We will give the number of physicians, in different countries, in 1843 and 1863.

	1843.	1863.
Germany .....	450	555
Great Britain .....	70	283



## DISCUSSION ON HOMŒOPATHY

Spain (Madrid, 30) .....	—	192
Italy .....	30	136
France (Paris, 103) .....	50	453
North America (New York, 140) ....	390	1,670
South America .....	—	161

This great addition to the numbers, in twenty years, indicates that this system is greatly on the increase.

There are now existing, of hospitals—in Germany, sixteen; in England, four; Russia, one; Switzerland, one; Turkey, one; Portugal, one; and three in France. Of the sixteen German hospitals there are three at Vienna; the first founded in 1832, for sixty beds; the second in 1850, for forty beds; and the third in 1860, for 160 beds. Of these hospitals eight have mixed practice; the patients being asked, on entering, what treatment they prefer. There were only two dispensaries in Paris until 1854: in 1850 these two had given 21,208 consultations, and 29,212 in 1853. A third dispensary was established in 1854: the three gave 48,600 consultations in 1857; and, finally, 74,075 in 1864. It is difficult to conceive how a treatment that one sees yearly increasing in public confidence should be losing ground.

The rector of Saint Laurent, in 1858, founded a Homœopathic dispensary in his parish, and also an Allopathic; consultations were given at the same place on different days, by Homœopathic and Allopathic practitioners, the patients having the choice of the two systems. At the end of nine months 515 persons had presented themselves at the Homœopathic, and only twenty-eight at the Allopathic dispensary. This latter closed from want of patients. In 1864, 3,000 consultations were given at the former; and, adding to this the 74,075 consultations given by the three other dispensaries, they form a total of 77,075 for 1864.

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Two other societies, for mutual aid, have each a Homœopathic and Allopathic practitioner, the members choosing by which they will be treated.

On the 16th of December last, the directors and stockholders of the General Provident Insurance Company met (Lord Henry Gordon being president), and unanimously resolved to open with a section for those who desire to be treated Homœopathically.

The life insurance companies are not, generally, very Utopian in their ideas; and the convictions of this company must be very strong to result in such a resolution.

It has been said that Homœopathy is a mere fancy of the upper classes; but these 77,075 consultations, held at Paris during 1864, confute the allegation. Besides, it is not merely a caprice of the rich that gives practice to three or four thousand Homœopathic physicians. To appreciate thoroughly the progress Homœopathy has made in this country, we must remember it was only introduced here in 1830. Its progress has been so great in Belgium, that M. le Baron Sentain, at the meeting of the senate on the 26th June, 1858, and M. Van Douckt, at the meeting of the Chamber, April 27th, 1860, proposed that the Homœopathic pharmacies should be added to the official "code" they were then revising. Both these gentlemen were Allopathic physicians. It is evident, from this fact, that prejudices against the new system are not so strong in Belgium as in other places. The following is a speech made by M. le Docteur Faleat, president of the Belgian Medical Academy, in 1856:—

"I return thanks for the committee over which I have the honour to preside. My colleagues will do their utmost to respond to this appeal: for, gentlemen, although differences in our system and practice may divide us, we are striving for one object—namely, Truth. We honour your efforts, and unite in the desire of accomplishing the utmost

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good in our power." Beautiful words! noble sentiments! Why are they not uttered by all? Why are they not engrafted in all hearts?

Must we not conclude, from these statistics, that Homœopathy, far from being condemned, is more and more appreciated, and is in a position to claim equality with Allopathy. It is impossible for any medical system to have partisans or adversaries in the senate. Our opinions are of no value except as purely historic or administrative. All we can do is to state facts. From this point of view it is to be regretted that there does not yet exist any Homœopathic hospital in this capital, such as there are in the above-named cities.

It is obvious that a quiet and regular application of the Homœopathic treatment, for some considerable length of time, either in separate hospitals or in well-adapted wards, is the only way of ascertaining definitely the curative power of this system. There may be difficulties in fulfilling the request of our Parisian workmen; but no difficulties should overcome the efforts of an administration like ours, which is always striving to effect good to those over whom it presides. Notwithstanding the importance of the facts laid before you, the commission has maintained respectful reserve upon the question about which there is so much dispute.

After some discussion, in which M. Dumas, President Boujean, and M. Dupin took part, M. Thayer said—

It has been stated that there is inaccuracy in the statistics which I have brought forward. On the contrary, I will vouch for their authenticity. It has also been asserted, that the experiments I have spoken of in the hospitals did not succeed. Here is a published official document, to which there has been no contradiction during the fourteen years it has been before the public. The two systems were practised in St. Margaret's Hospital—100 beds being re-

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served for Homœopathic treatment; ninety-nine under the care of two Allopathic physicians.

The patients, on entering, were directed to the first unoccupied bed, without regard to the system under which they were placed; and experiments were made, as far as possible, under the same conditions. Now observe the statistical results, and compare the mortality.

During the three years of 1849, 1850, and 1851, there were 3,724 patients treated Allopathically, of whom 411 died—the mortality being 11·3 per cent.; during the same time, 4,663 were treated Homœopathically, of whom 139 died—the mortality being 8·55 per cent.; the difference, in favour of Homœopathy, being about 3 per cent.; and this was an experiment made upon 8,385 patients. There were 3 per cent. fewer deaths, with shorter detention in the hospital; besides which, there were many more treated Homœopathically. Would you also know the difference of expenditure? The former cost 23,522 francs; the latter only from 200 to 300.

These results were discussed at the time by M. Valleix, an allopathic physician, but never questioned; he only stated that a patient was brought to him, who had been so ill-treated by the Homœopaths, that he was hopelessly ill, and died when put under allopathic treatment. How far can we give credit to such an imputation?

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*The Veterinarian.* Longman, Green & Co. November, 1865.

THIS periodical, devoted to the promotion of veterinary science, to the cultivation of all that bears upon the treatment of the sick and injured among the lower animals, contains a very interesting and ably written essay by

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Mr. McTaggart, a veterinary surgeon practising homœopathically at Halifax, on the "Comparative Merits of Allopathy and Homœopathy," originally read at a recent meeting of *The Yorkshire Veterinary Medical Society*.

The very fact of such an essay being read at a medical society, consisting, for the most part at any rate, of veterinary surgeons practising allopathically, is a significant indication of the increasing appreciation with which our system is regarded by those professionally interested in the cure of disease. Still more is this the case when such an essay finds a place in the pages of the leading journal of veterinary medicine; a journal, moreover, edited by the principal professors of this department of science.

We would gladly have transferred the whole of this essay to our pages, but the space at our command compels us to restrict ourselves to a few extracts.

Mr. McTaggart introduces his subject, and defines allopathy in the following words:—

"In taking a retrospective view of the history of the practice of medicine from the time of Esculapius down to the present period, passing in array many noble names of men who, with anxious minds, have endeavoured to make life sweet to those who unfortunately had fallen from a healthy condition into a state of disease and suffering—it is natural to suppose that great difficulties must have obstructed the efforts of medical men in their investigations into the nature and properties of the vegetable and mineral worlds from which they had to collect their medicinal agents for intended good. And great joy must have been felt on stumbling accidentally on virtues in either, which would afford relief to the disarranged organism. But strange to say, notwithstanding the innumerable members of the allopathic school of medicine who have ransacked with chemical acumen the vegetable and mineral worlds for agents to be applied in the healing art, allopathy has yet no fixed law or principle. All is speculation—all uncertainty.

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"Aloes, for instance, is known to act as a purgative, but that is all, and its action as a purgative is liable to do as much harm as good. It is the speculative mode of draining the system of its fluids—it is the creation of a disease of the mucous membrane of the bowels; and if the constitution of the animal should be, at the time of its administration, in a weak condition, it may cause fatal prostration, or at least greatly retard restoration. The repeated administration of aloes, as a purgative, even in strong, healthy animals, must eventually conduce to weakness, and render them more liable to diarrhœa, dysentery, colic, and inflammation of the bowels. It is perfectly evident, then, that aloes, as generally administered, according to the allopathic rule, is altogether uncertain and unsatisfactory in its results. Nitrate of potash, as a further illustration, is given as a diuretic, and its repeated administration is known to be most destructive to the healthy function of the kidneys—it is another mode of draining the system of its vitality. Calomel is another prominent medicine,—its action is upon the liver and bowels. It produces salivation. It is considered a specific in certain diseases. It is given in quantities capable of softening the hardest material in the body; and it has struck the death blow on many fine fellows of our race. No defined medical law regulates its administration. Antimony is another medicine of note as a sudorific and emetic.

"These medicines are given on the principle of producing one disease in order to remove another, as the term Allopathy implies—*allo*, another, and *pathy*, a disease. As, for instance, in diarrhœa astringents are administered to induce costiveness, viz., an opposite disease. In cases of costiveness, aloes, &c., are administered, to bring on diarrhœa."

The author then shows, by appropriate quotations from standard works on medicine, how unsatisfactory its chief cultivators in days gone by have felt allopathic therapeutics to be. Next comes a brief history of Hahnemann's discovery of, and his mode of developing, homœopathy; followed by a very good definition of what homœopathy

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is, from a pamphlet by Dr. Hayward of Liverpool—not London, as the paper gives it. Mr. McT. then proceeds—

“ Unless the disease to be cured is very similar to that producible by poisonous doses of the medicine, it will not be cured by that medicine, for no medicine has power to cure a disease unless it operates on the same structures, and that in a manner very closely resembling the manner in which the disease-cause has operated; but *every medicine will cure the disease that is similar to the one it will produce* when given in poisonous doses to a healthy person.

“ From these remarks it will be concluded, and that rightly, that whoever cures delirium tremens with opium, morphia, hyoscyamus, or digitalis; diseases of the urinary apparatus with cubebs, copaiva, juniper, or turpentine; syphilis with mercury; vomiting with an emetic; diarrhœa with a purgative, gray powder, or rhubarb; or intermittent fever with quinine or arsenic; cures these diseases homœopathically, and that whether he gives a grain, a drachm, an ounce, or only the millionth part of a grain for a dose, the dose makes no difference—homœopathy is homœopathy irrespective of the dose. It is, however, not homœopathy to treat a tipsy man with whisky, for alcohol will not cure the effects of alcohol; nor to give a man who has been purged by rhubarb another dose of rhubarb—this is not *homœopathy* but *isopathy*; neither is it homœopathy to give opium to overcome diarrhœa, or aloes to overcome constipation—this is *allopathy*, and that even were the dose given but the millionth or billionth of a grain. The *dose* has nothing to do with the *principle* of either system; the system is the system and the dose the dose.

“ In homœopathy it is the object of the practitioner to operate on no other part than that diseased, and to operate on that in a direct and specific manner closely resembling the manner in which the cause of the disease has operated; when, therefore, he meets with a case of disease of the brains, he does not operate on the bowels with purgatives; on the liver, mouth, and bones, with mercury; on the skin with blisters; but directly and spe-

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cifically on the brain itself by means of substances that have been proved to operate directly on that organ in that particular manner. So also in disease of the chest, windpipe, and stomach, he lets alone the bowels, liver, and skin, and operates directly on the part diseased; and so also in all other diseases, he acts only on the part diseased, and therefore cannot produce disease in any other part, nor can he merely *remove* the disease to another part. When the disease disappears under such treatment it is absolutely *cured*, for the treatment was not, as it is in indefinite allopathy, against the health to destroy it, but against the disease to cure it; not to a healthy part to make it diseased, but to the diseased part to make it healthy; not, as it is in indefinite allopathy, directed against the disease to displace it by the opposite disease, nor to the diseased part to cause in it the opposite disease. Homœopathic treatment, therefore, never interferes in the least degree with Nature's efforts at cure, much less prevents them, and still less does it ever kill a patient."

The position, the medical and scientific status that is, of a homœopathic practitioner is thus very well described:—

"It may be necessary to observe, for the moral edification of the old school, that all the homœopathists in this country are allopathists, but all allopathists are not homœopathists, consequently the homœopathist has the advantage of knowing as much as the allopathist, with the addition of the knowledge of the medical system of the renowned Hahnemann.

"The homœopathist has studied the various branches of the medical school with the allopathist—at the same college and under the same professors he has learned anatomy, chemistry, botany, physiology, and pathology—by the attainment of a diploma he has proved his ability in the various departments of his profession, and receives authority to exercise his talents as best he can; the licentiate is not interdicted as to the amount of a dose of medicine he may prescribe—at college he is taught the limit within which a dose may be given not to be absolutely poisonous, but he is left at liberty to exercise his discretion ac-



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according to the nature of the case and constitution of his patient as to the amount he may deem necessary."

Mr. McTaggart dwells at some length on the practical mischief which has ensued from the various theories of inflammation which have, from time to time, suggested depletory methods of treatment. He regards inflammation as a "nervo-electrical disturbance."

"More light," he remarks in illustration of this view, "will be thrown upon the various diseases or disturbances in the animal economy than can possibly be conveyed by the term inflammation, and may lead to a more consistent dietary for the production of animal electricity, and a more suitable treatment under disease or electrical disturbance. If the nervous power becomes weak from over exhaustion or other debilitating influences—in order to its restoration substances must be administered that will conduce to the elaboration of positive nervo-electrical power. \* \* \* On the other hand we have disease arising from an overplus of animal electricity, which we designate as positive, then we require the administration of substances of a negative kind; or, which being assimilated into the system through the organs of digestion, neutralize the extra or positive, and equalizes the electrical condition into what we may term natural health."

In accordance with this theory, the author points out the *modus operandi* for evil of ordinary allopathic treatment, in what are generally described as sthenic and asthenic forms of disease. He says:—

"When the system is strong, should a neuro-electrical disturbance be manifested, a slight drain from the system may tend to a partial equilibrium; but the persistence in such treatment, by draining the body of its life-supporting power, must tend to a disorganisation. Where the constitution of an individual is in a debilitated condition to begin with, the extraction of the fluids of the body in any shape must be greatly injurious, if not fatal, in consequence of the loss of animal electricity, so necessary to organic action.

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"On the allopathic principle we find that sulphate of iron, citrate of iron, sulphuric acid, nitric acid, &c., are administered as tonics. Now, these substances are electro-galvanic-producing agents, and it would appear that it is the consequence of these substances being introduced into the circulation, and becoming the agents of electrical action, to the nervous system, that benefit is derived; but their tonic-producing properties have not hitherto been properly understood, although the evil effects of over doses have been painfully manifested. In electro-galvanic instruments electrical fluid may be developed to such an extent as to melt or destroy the conducting wires, and I apprehend it may have a similar tendency, if in over abundance in the animal system, of injuring the nerves, and consequently doing great injury to the bodily organism."

He concludes this part of his subject by remarking—

"I am rather inclined to think that we should regard inflammation, and, in fact, many other forms of disease, as the result of a deranged electrical condition of the brain, nerves, blood, or other component parts of the system, and should therefore try to restore the normal equilibrium by means which, our art properly understood, happily furnishes."

The allopathic and homœopathic modes of treating pneumonia, pleurisy, diarrhœa, and constipation, are next stated and compared.

On the very important subject of the *cattle plague* or *rinderpest*, Mr. McTaggart gives the following advice:—

"The treatment of the cattle plague, or rinderpest, by the allopath is somewhat indefinite—with the homœopath the treatment is clear. Aconite, arsenicum, phosphorus, veratrum album, represent the symptoms, and to avoid complication I would say that when we have a case or cases of the cattle plague, or rinderpest, which seems a peculiar complication of disease of the mucous and serous membranes, with blood loaded with fibrine, favoured by the richness and abundance of grass, such as we probably never before experienced, that the best treatment would be the homœopathic medicines, viz., aconitum and arsenicum.

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To begin with aconitum—second decimal dilution, twenty drops every twenty minutes for three doses, and afterwards twenty drops of arsenicum; second decimal dilution to be given every twenty minutes, and continued for six hours, each dose to be given in an ounce of water; after this, a dose every hour, until marked symptoms are visible.

“As to preventive measures, it is well known that in all animal bodies, beautiful as is their organization, and splendid as is their vital action, there are the latent germs of destruction, viz., a kingdom of parasites which, when the vitality and neuro-electrical action become weak, like a sneaking rebellious foe takes advantage of one's weakness and rises in destructive rebellion; and, if a tonic force is not soon raised to check these incursions, their mastery is certain, and life, in one form, succumbs to life in another shade. As previously mentioned, the minerals are good tonics; for our present purpose in checking the ravages of this disease, I would strongly recommend arsenicum, the third decimal dilution or trituration—known by the homœopathic chemists by the letter B—twenty drops in a little water, once every day for four days running.”

Doubtless subsequent experience will have led Mr. McTaggart to somewhat modify his recommendations. If instead of proposing *aconite* he had advised *belladonna*, we should have more readily agreed with him.

This essay is evidently the production of a well read and observant practitioner, one who does credit to his profession, whose conversion to homœopathy is a matter of congratulation. Were all veterinary surgeons as able and as determined to avail themselves of the opportunities of study and research as we believe Mr. McTaggart to be, we should hear no more of the “*stamping out*” mode of treating the rinderpest. We are glad to notice further, that the Association of which Mr. McTaggart is a member have marked their appreciation of his zeal and abilities, by appointing him to the presidential chair during the present year.

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## MIDLAND HOMŒOPATHIC MEDICAL SOCIETY.

A MEETING of this Society was held at the Homœopathic Hospital, Old Square, Birmingham, on the 7th of last month. There were present Dr. Sharp (Rugby) in the chair, Drs. Blake (Birmingham), Gutteridge (Leicester), Sutherland (Leamington), and Messrs. E. Blake (Wolverhampton), Clifton (Northampton), Hitchman (Leamington), Irwin, Lawrence, Robertson, Thomas and Wallis (Birmingham).

The Secretary, Mr. E. Wynne Thomas, having read the minutes, Mr. Clifton was requested to open the discussion on Dr. Sharp's paper, read at the last meeting of the Society.\*

Mr. CLIFTON regretted that one of the Vice-Presidents of the Society had not been called upon instead of himself to open the discussion of a subject introduced by a man of Dr. Sharp's learning, ability and experience. Dr. Sharp, in alluding to Hahnemann's rejection of pathology, had compared him with Hippocrates in confining himself to the observation of symptoms only; saying of the latter that he was constrained to this course by the force of circumstances, while he made no such apology for the former, although in a previous work (*Reply to Sir Benjamin Brodie*) he says, in alluding to the wretched state of pathology in Hahnemann's day, that "it is not surprising, though to be regretted, that Hahnemann rejected pathology." He quite agreed with Dr. Sharp that Hahnemann did reject the pathology of *his day*—that of the present time was invisible to him. The pathology of his day gave no reasonable explanation of the morbid condition of which a symptom or collection of symptoms is merely the expression; and hence, not having sufficient data for explaining the hidden meaning of symptoms, he declined to commit himself to any explanation, gave none, and advised his followers to look only to symptoms.

Whatever may be our opinions regarding Hahnemann on this point, with Dr. Sharp's views on one point raised by him we should, Mr. Clifton thought, more unanimously differ from him.

\* This essay appears at p. 583 of our last volume, and has since been republished under the title *Medical Systems*.

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We are counselled by Dr. Sharp not to rest satisfied with symptoms—to be pathologists—to try to get at the internal morbid states, and are told that the science of pathology has been laboriously toiled at from the time of Morgagni by all schools except that of Hahnemann. Dr. Sharp appears to regard pathology as synonymous with morbid anatomy. Now morbid anatomy—or mere anatomical *post mortem* appearances—is only one of other means toward the attainment of a correct pathology. Dr. Barclay defines pathology as “a knowledge of the various structures of the body, and the *functions of its organs in health*, as well as the pathological changes in fluids and solids which become the subject of anatomical research, and the perversions of the healthy functions which may be traced at the bedside in the progress of disease.” Mr. Clifton then quoted similar definitions of pathology from the works of Carpenter, Jones and Sieveking, Humphrey, and Carroll Dunham. This being the correct definition of pathology, it would, Mr. Clifton thought, be unjust, and detrimental to our character as physicians, to charge upon us, as members of the school of Hahnemann, a neglect of its study. “We can never,” says Dr. Dunham, “complete the symptoms, never look to them as influencing each other, never bring them into order, without knowing all that has been collected and stored up for ages under the name of pathology; in fact, every one of our acts as physicians requires pathology.” Dr. Dunham, with many others in our own country, in America, Germany and elsewhere, men who teach that to the totality of the symptoms we are to look in selecting our remedies, are they not all pathologists? Again, looking at our literature, have we not, out of many others that might be mentioned, Professor Henderson writing on General Pathology, Diabetes Mellitus, &c.; Madden on Uterine Disease; Wyld on Diseases of the Heart and Lungs; Willans on Fever; Hughes on the Nervous System? Is there not a permanent committee on pathology in Philadelphia, a chair of pathology in the Homœopathic Medical College of Pennsylvania? Is it not a fact that some of our earliest converts from the old school were among university professors of pathology? Seeing all this, and much more to the same pur-

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pose might be adduced, it is an injustice to the school of Hahnemann, and to those especially who are connected with this Society, that Dr. Sharp should urge us to be pathologists because "the school of Hahnemann has neglected pathology." This is a statement that should not go forth to the world, to medical men, uncontradicted by us before whom it was made. If Dr. Sharp means to say that we have not devoted that time to the study of morbid anatomy bestowed upon it by some few of the old school, our reply is that we have been otherwise and quite as usefully engaged. The real difference between Dr. Sharp and the generality of homœopathic practitioners is, not that the former studies and the latter neglect morbid anatomy and toxicology, but as to the extent to which these are sufficient guides in choosing remedies. Pathology must be regarded as a means of collating and elucidating symptoms, of bringing them into a natural order, to enable us to determine which symptoms are idiopathic and which are sympathetic to the organ or tissue which is in reality the seat of the disease.

With reference to the partial action of drugs maintained by Dr. Sharp, Mr. Clifton said that all medicines act on the system generally, selecting, however, some organs or tissues on which they operate more powerfully than on others.

Dr. Sharp introduces the term *organopathy* as synonymous with the word *homœopathy*. This might be a correct word for expressing the local action of drugs or his second proposition (588), but it does not necessarily involve homœopathy, it may in fact mean something quite different. Mr. Clifton quoted a passage from a work by Dr. Peters, of New York, shewing that a drug may act upon a given organ and yet be administered in disease so as to influence that organ antipathically, allopathically, or homœopathically to its diseased condition.

But then comes the question do all medicines which act on a given organ or tissue act in a similar way?—do *nux* and *mercurius* act alike on the liver—*calcareæ* and *aurum* on the bones, &c.—*phosphorus* and *nux vomica* on the nervous system?—if they do how nearly do they approach each other in their mode of action, and how far do they differ? or is it of no con-

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sequence to us as physicians what their similarity or dissimilarity is, so that we choose one or other of such drugs as are known to act on the diseased organ or tissue we wish to cure? Is it not rather of essential consequence to us that there be not only the specific action of the drug on the diseased organ or tissue, but that that action be at the same time *similar*? Dr. Sharp, however, has elsewhere admitted the need of the *simile*; although such a need is not acknowledged in his previous propositions, or in his adoption of the word *organopathy*.

If then there are three or more different ways in which certain drugs act on organs or tissues—either in producing a morbid condition or curing it—which of these are we to choose as our *rule* of action? If the specific homœopathic, then Dr. Sharp's proposition and term organopathy do not express it. A more complete proposition would be the following; "An organ disordered in its function or diseased in its structure, may often be restored to a healthy state by such drugs as it can thus appropriate," *and which if given in health cause a similar morbid condition of function or structure.*

Admitting this as the more correct definition, the introduction of another term which does not express or at all involve the true law of healing is to be regretted. In concluding Mr. Clifton urged that whilst in the science of therapeutics we are far in advance of our professional brethren who are not homœopaths, who are without a guiding principle in medicine, we are not behind them in the study of pathology, of morbid anatomy, of chemistry, or of the other sciences auxiliary to practical medicine, and are ever willing to avail ourselves of all the aid modern science can afford us in curing the sick.

Dr. BAYES being unable to be present, Dr. Blake read the following remarks on Dr. Sharp's paper which he had received from him.

"Our young society is fortunate in having had its opening meeting signalized by an address containing so much thoughtful and debateable matter, and we must all feel very deeply indebted to Dr. Sharp for the care and the research which the address must have cost him.

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"Very briefly I would advert to one or two points on which I do not find it possible to fully agree with him.

"Firstly, Dr. Sharp objects to Hahnemann's having insisted upon our taking the 'totality of the symptoms' as our indication for treatment, to the exclusion of pathological indications. Two points on this head ought to demand our consideration—Firstly—Pathology in Hahnemann's day was by no means so perfect as it is now, and indeed it was very full of errors. Was it not wiser to go back to first principles and in place of treating disease by a name arbitrarily given it, to insist upon treating every case upon its own merits?

"Secondly—When Hahnemann uses the phrase 'totality of symptoms,' does not this include the *objective* with the *subjective*? and if so it by no means forces us to ignore that more exact knowledge, which our later researches into physiology and pathology has given us.

"Morbid anatomy taken 'per se' would be a less sure guide than a simple adherence to symptoms, for it does not reveal the condition of parts, *during a disease*, but only points to the seat of the disease, and is a record of the final act induced by its ravages.

"With regard to Dr. Sharp's proposition that we should give such drugs for the cure of an organ when diseased as would act poisonously upon that organ in health, I see many objections, of a practical kind, to treating disease in this manner.

"For example—many drugs act upon every organ in the body—*s.g. mercury—mercury*, then, if organopathy be true, ought to cure every disease,

"*Belladonna* acts upon a very large number of organs, among others upon the brain, but it will not cure all diseases of the brain. One disease of the brain induces contraction of the pupils, another induces dilatation of the pupils, and as homœopaths we know by the state of the pupils when to select *opium* and when to select *belladonna*, but organopathy will not help us to this selection.

"Further on, Dr. Sharp appears to me to indicate that medicines selected on the organopathic principle do not act homœopathically, but really as *alteratives*. He says, 'The particles of



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a drug being thus placed in the substance of an organ, the manner in which that organ performs its functions is altered. If the organ was previously in health, disorder or disease is produced; if not in health, the alteration effected is frequently the restoration of a healthy state.'

"I do not think that the above explanation suffices to account for the phenomenon which we see in homœopathic practice when infinitesimal doses are used; nor does it appear to me to be in accordance with our experience, to speak of disease as of its affecting *organs*. Very many diseases are met with where it would be extremely difficult to point to any one organ as the special seat of the disease. Often, in chronic ailments, a tract of the body, including portions of several organs rather than one organ, appears to be affected, and, in some acute diseases the whole body appears to be affected without any reference to special organs.

"I am very sorry that I am unable to be with you to-night, as I had much I wished to say, in relation to Dr. Sharp's very interesting and suggestive paper, but the above are the heads to which I desired to chiefly draw attention."

DR. BLAKE then said, that he agreed with Dr. Sharp in the opinion that the law of "*similia similibus curentur*" is to be limited to the action of drugs. Dr. Sharp excuses Hippocrates in his apparent neglect of pathology, but does not a similar excuse exist for Hahnemann? Would not every one now allow that the pathology of Hahnemann's time was most unsatisfactory, and that he was right in rejecting it? Nevertheless, Dr. Blake agreed with Dr. Sharp that the rejection of pathology has been one of the main hindrances to the spread of homœopathy, but submitted that the great majority of medical men now practising homœopathy could not be held guilty to the charge of such neglect.

Dr. Blake thought that Dr. Sharp's propositions were indefinite and applied to antipathic, allopathic, and homœopathic treatment alike, and the same objection may be urged against the name organopathy. Another objection against a new name

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was that the old one was only just beginning to be understood in its right sense, as may be seen in a very temperate article in the *Medical Times* for last week. Dr. Blake advocated the study of such works as *Christison on Poisons*, in which can be found the whole picture of a disease; not only are all the colours there but they are in their right places and combinations, while in Jahr the relation of symptoms one to another is not maintained, and the resemblance of the drug disease to the natural disease is not so apparent. The facility of using a medicine is proportionate to the power of seeing this likeness between the drug-disease and the natural disease. Yet Jahr is indispensable to the study of the finer effects of medicines.

Dr. SUTHERLAND remarked, that whilst we were all very much obliged for Dr. Sharp's paper, and agreeing personally with him as to drugs selecting certain organs as spheres of action, yet there was one point in the paper to which he took exception, namely, the adoption of the word *organopathy*, which would have the appearance of our being ashamed of *homœopathy*, as a term to express our belief, which he certainly was not, and he did not think any practitioner present was. He had been for years taking a part in the battle for homœopathy, he did not feel tired of that, but he would rather not have to enter upon a new contest for organopathy.

Mr. EDWARD BLAKE, while cordially thanking the President for his address, would ask whether in his ingenious generalizations he had not rather ignored nervous and vital action.

Every drug whilst exerting its medicinal effects reacts upon some one of the nervous centres, which in its turn produces the phenomena we observe; there is, strictly speaking, no such thing as local drug action.

Mr. WYNNE THOMAS remarked that pathology meant more than morbid anatomy, which treated only of the effects of disease, and had no reference to their order and time. Pathology he would define as the history of the phenomena of disease related in their proper sequence. He was not sufficiently well acquainted with Hahnemann's writings to give an opinion as to his views in pathology, but he would say that it was the

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general complaint by allopaths that we neglected pathology; and though he is glad to find this untrue, he had felt it himself, and thought that Jahr's works were calculated to produce this impression. The defect he always felt in the work alluded to was, that while the symptoms and effects of the medicine were given, they were not arranged in their proper order.

He thought that in examining a patient it was necessary as far as possible to make out the pathology of the disease, and then in selecting the medicine the sequelæ of the symptoms. As to Dr. Sharp's idea of organopathy he believed with him that probably all drugs have a definite local action at first, and that they have this definite action because they are absorbed by certain organs or parts of organs; that if our means of analysis were sufficiently delicate, the drug would be detected in those organs first. When the drug could be found in all parts of the body, as *mercury*, *lead*, &c., he thought it was because so much had been taken that the body had become saturated, and that thus the symptoms proved could not be expected to be so specific and definite. This had an important bearing upon the small dose, because homœopaths wish to give only just so much as will produce the specific action.

He thought that the different medicines which act on the brain would be found in certain parts of it, and that if this could only be worked out it must have important results in therapeutics. If, for instance, epilepsy proved to be disease of a part of the *pons varolii*, and a certain medicine was attracted to that part it would probably have an effect upon that disease; we should then have a guide to its treatment. He believed too that a drug may have different kinds of action upon the same part according to its condition, or that two drugs may have opposite effects.

He thought, finally, that many generations will pass away before the pathology of disease would be understood and the science of medicine reduced to organopathy. He believed that organopathy may some day explain our treatment, but that it would *never supersede the law of similia*, and that *this must ever remain our therapeutic law*.

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Dr. GUTTERIDGE made a few remarks, when

Mr. JOHN HITCHMAN, of Leamington, a recent convert to homœopathy, a surgeon who for a long series of years has been held in the highest estimation by his fellow-townsmen, said that he had not till lately recognised the truth of the principle promulgated by Hahnemann and his disciples, and was delighted to find it so successful in its application. Till recently he had no faith in the virtues of a drop of the 3rd dilution of *aconite* or *arsenic*; but he had found the effects of these and other homœopathic remedies to be most decided, and he admitted that he was now perfectly astonished with the results he had witnessed, and convinced of the power of such doses homœopathically prescribed. In a preparatory school for young gentlemen kept by a lady, when called to attend any of the pupils for colds and feverish attacks, he invariably found that, before he had been sent for, the lady had given them a drop of *aconite* or of *belladonna*. He generally found his patients comfortably warm in bed, and the skin acting well. Although he did not then attribute their favourable state to the homœopathic doses, he could not but admit that they were going on well and advise that the plan adopted should be continued; the usual result was their speedy recovery. Now, happily, he could discover the beautiful truth embodied in such remedies. They did not, like the medicines in ordinary use, act upon the material organs, but on the immaterial spirit of life constantly being generated in the blood; which was disturbed by the agency of cold, and might be so by any other cause of disease. The equilibrium thus disturbed was he believed restored by the action of *aconite*, *belladonna*, and *arsenicum* in a marvellous manner; and this being accomplished complete restoration of all the disturbed functions quickly followed.

Much had been said about the neglect of pathology by homœopaths, but as a very young disciple he would observe, useful as is pathology in enabling us to distinguish between mere functional and real organic disease, in producing accuracy in diagnosis and prognosis; yet we must admit that a good pathologist is not necessarily a successful practitioner. One

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of the speakers had remarked that in the homœopathic system there was no such thing as local drug action. With this view he quite agreed. It is taking a far more expanded as well as correct view of the divine art of healing to regard medicines as agents which increase the vital force in the blood, than to limit their action to particular organs. Our danger at the present day is lest we do not go to the root of the matter. That while treating mere symptoms and changes in the material structures, we overlook the disturbance in the action of life itself, upon which disturbance the visible symptoms often depend. The mind of the physician should be fixed upon the seat or *soul* of the disease, rather than upon its effects as evidenced by its symptoms. Another prevalent error consisted in referring many of the processes of life to chemical action and metamorphosis. Surely the operations of nature could not be explained upon our present finite chemical knowledge. The same great power which created life, still carries it on; and it is in the spirit of natural life, which is constantly being generated so long as life last, in which life and health, as well as disorder and disease, really exist; and it is this principle of life which it is the province of a true medical philosopher to develop and to equalise, regulate and restore.

DR. SHARP, the President, rose to reply, having only a few minutes left to do so; he therefore confined himself to two points only, reserving his observations on the other topics discussed for some future opportunity. He spoke to the following effect:

I should be very sorry to have said anything in my address which could be fairly interpreted as wanting in due respect for Hahnemann; but, in endeavouring to represent his teaching truly, I do not subject myself to such censure. I have said that he rejected pathology, which has been denied, or reluctantly admitted; and I have been blamed for not making an apology for him for doing so, as I have done for Hippocrates. On the latter subject I have to remark that the cases are not similar. The Hippocratic family could not study morbid anatomy, however much they might have desired to do so; Hahnemann could, if he had chosen. When the pathological doctrines of his time ap-

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peared to him frivolous and objectionable, he might have set himself to improve them; this he did not do, but rejected them, and rejected not only the views of his time, but pathology altogether; it is in vain therefore to say that had he lived now, he would not have rejected the present doctrines.

For proof of this I appeal to the general tenor of his writings; to his *Materia Medica Pura*, which is a collection of symptoms only, freed from all pathology; and to the very essence of his system, which consists in comparing symptoms with symptoms; the symptoms of each case of disease with the symptoms of drugs ascertained in the provings of them. For special passages in which this is asserted, I refer to his "Essay on the Value of Speculative Systems of Medicine," (Lesser Writings), the object of which is to ridicule and explode pathology altogether; at page 564 he says, "The physician needs but to know *the symptoms* of the particular malady (further indeed he cannot explore, as it would serve him nothing), in order to remove it, supposing he then knows the right remedy."

In an Essay on the "Contrast of the Old and the New Systems of Medicine," (Lesser Writings, page 800), Hahnemann inveighs in the strongest language against pathology, and earnestly puts forward the advantages of observing symptoms only.

In the "Organon," at page 111, paragraphs VI and VII, and at page 230, paragraph CXLVII, if words have any meaning, the doctrine of attending to symptoms only is plainly and peremptorily asserted.

And again in the first volume of the "*Materia Medica Pura*," page 6, he insists in the strongest manner upon the same notion, as the "true system of therapeutics."

No doubt, in a writer who so frequently contradicts himself as Hahnemann does, it will not be difficult to find passages of a different import; but that attention to *symptoms only* was the basis of his system is strongly testified to by Dr. Dudgeon, who ought to be a good authority on this point, seeing that he is the translator into English of so many of Hahnemann's writings.\*

\* *Lectures on the Theory and Practice of Medicine.* Turner & Co., 1854. P. 306.

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With respect to the statement that living homœopathists are pathologists, I am well aware that many are so to a certain extent, and I rejoice in it; but let it be remembered that in so far as they are pathologists they are not followers of Hahnemann.

Hahnemann attended to symptoms only; neither was this a disgrace to him; and this brings me to the second subject I wish to remark upon.

From the time of Hippocrates physicians have prescribed in one of three ways:—

1. For symptoms. 2. For names. 3. For a supposed morbid or pathological condition.

Of each of these different modes of practice I intended to give you illustrations, but time will not permit me. I will therefore only add that the same three methods are followed in the new school as they were in the old.

Sometimes the prescription has reference to the symptoms only; sometimes to the names; and sometimes the homœopathist directs his thoughts and his remedies to the supposed nature of the disease.

Now, it was the object of the Address I had the pleasure to read to you at our first meeting to fix your attention upon a *fourth* method, and to invite you to study the *seat* of disease,—the organs in which the symptoms originate; not the nature of the morbid change, nor the manner in which it is produced, so much as the place where it exists. For before we can hope to speculate with any chance of success on the nature of morbid changes, or on the manner in which drugs act, this is a preliminary step; and the question *where* is the mischief, or what organs are primarily affected, either in disease, or in the proving of drugs, is capable of being investigated as a matter of fact and not of hypothesis or speculation.

The time when Dr. Sharp was obliged to leave the meeting having now arrived, he was compelled to conclude abruptly.

A short paper on the Cattle Plague by Dr. Bayes was also read, which we have not space to insert.

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## VETERINARY HOMŒOPATHY.

The following letter from a well known farmer in Cambridge-shire appeared in the *Cambridge Independent Press* of Dec. 9, 1865.

SIR,—Will you allow me to insert a few lines in your journal respecting the treatment of disease in cattle by homœopathy?

I have been farming eleven years, and the last eight have pursued the homœopathic treatment with cattle and horses with great success, not having lost one animal during the eight years where homœopathic remedies have been applied.

I have treated cattle with the lung disease, milk fever in cows, and inflammation and colic in horses, with unvarying success.

I can say nothing as to its value in the cattle plague, as I have seen nothing of it; but it is true that it has been found successful in Belgium and in the county of Norfolk; and my brother (who was with me to-day,) and who resides in Suffolk, tells me that beasts are cured of the cattle plague in that county by homœopathy. If so, why does it not cure in this county? I allude especially to the report from Wilmingham, where, we are told, it has been tried and found to fail.

In all cases of an acute character, I always administered the medicine regularly *night* and day. I am informed that Mr. Moore recommends that the animals should not be disturbed during the night. I pursued a different course where the symptoms were of an urgent character, and found it have the desired result.

I hope some of our friends who are suffering will still give homœopathy a fair trial. It requires perseverance and patience; let us not be discouraged, although we have heard that it has failed. Perhaps something has been wanting which may be discovered. I still believe, with God's blessing that we shall find cures are to be effected.

Yours respectfully,

Worsted Lodge, Cambs.

GEO. MATHEW.

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## OBITUARY.

## DR. JOSEPH LAURIE.

A MONTH had not elapsed since our distinguished colleague Dr. Chapman passed from amongst us, ere the life of another highly esteemed and widely known friend was suddenly extinguished. On Sunday evening, the 10th of last month, Dr. Laurie, apparently in good health, when entering a room in his house, fell and died. Death would appear to have been instantaneous; disease of the aorta and its valves was subsequently ascertained to have been its immediate cause.

Dr. Laurie at the time of his death was 51 years of age. A native of Edinburgh, it was in that city that his early education was conducted. For its completion he resided for some time in Germany. When there, his recovery from a serious illness under homœopathic treatment determined him to select medicine for his profession, and to practise it homœopathically. On his return home he studied for four years at the University of Edinburgh, and was then admitted a licentiate of the College of Surgeons. Here he formed a friendship with the late Dr. Fearn, and with him went to Paris in 1838 to study homœopathy under the direction of Hahnemann. The two friends returning to England, joined the late Dr. Curie as pupils at the Dispensary recently opened by him in Finsbury Circus. They were, with a single exception, his first pupils. Shortly afterwards he became the private medical attendant of the late Lord Lynedoch; a position which brought him into contact with many influential persons in the highest ranks of society. In 1840 he settled as a practitioner in London, having, we believe, in the meantime, received the degree of M.D. from the University of Giessen. In 1843 the late Archbishop of Canterbury, at the suggestion of his brother now Bishop of Winchester, in acknowledgment of services performed by Dr. Laurie in the district in which the Bishop then resided, conferred upon him the degree of M.D. As soon, however, as the Homœopathic Medical College of Pennsylvania was established, he resolved on acquiring his title by an examination. With this object he crossed the Atlantic and resided for an entire term in Philadelphia, studying at the College and passing its examination for the degree. He has since resided and practised his profession in London; where, by a large circle of patients, he was much and deservedly beloved.

Dr. Laurie by his works on *Domestic Medicine* has done more than almost any other physician of our time, to render homœopathy popular. They have passed through editions innumerable,

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and are to be met with wherever the English language is spoken.

He was a zealous and unflinching homœopathist; a successful physician; a warm-hearted, generous friend. His loss will be deeply felt wherever and by whomsoever he was known.

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JAMES JOSEPH GRAY, ESQ.

MR. GRAY was a homœopathic practitioner of many years' standing in Sunderland. For some time past he has suffered from disease of the brain, which has rendered his retirement from practice inevitable. From this cause he died on the 4th ult., at the age of 54. He was admitted a member of the English College of Surgeons, 1842.

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THE LATE DR. CHAPMAN.

We have received the following well merited tribute to our lamented colleague Dr. Chapman, from Mr. A. de Noé Walker, who had known him intimately for many years.

*To the Editors of the MONTHLY HOMŒOPATHIC REVIEW.*

Gentlemen,—Allow one who has known the late Dr. Chapman for twenty years, to add a few words to what has been already justly said of him in the *Review*.

He was a gentleman whose Christianity was fruitful, commending itself to the consciences of many. He abstained from a conventional interpolation of pious terms, and used them only in earnest. A good Grecian, and a learned Latin scholar, the great Writers of Hellas and Rome shone forth unhindered, through a congenial taste and lofty mind, quite natural. Gifted with an innate aptitude for interpreting morbid phenomena, he used this talent with rare love of truth, and with uncommon success. In medical consultations always honest; a real aid; a comfort to the sufferer. Free from the refined gloss and subtle dissimulation that oftentimes blurs the dignity of the professors of Medicine, he contemned the thrift that accrues from feigning. Always liberal; the indigent gratefully remember him. He welcomed the success of others, and readily bestowed a just meed of praise, even to the living. His faults sat lightly on him; and none remember him otherwise than for benefits received. His death to him was everlasting gain, to many, a great loss; but he hath left us the imperishable inheritance of a good example.

ARTHUR DE NOÉ WALKER.

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### BOOKS RECEIVED.

- An Address before the Homœopathic Medical Society of the State of New York.* By the President, H. D. PAINE, M.D. Albany, 1865.
- Allgemeine Homöopathische Zeitung.*
- Neue Zeitschrift für Homöopathische Klinik.*
- Bulletin de la Société Médical Homœopathique de France*—a complete set.
- Who Wins? Being the Autobiography of Samuel Basil Carlingford, M.D.* Second edition. London: Simpkin, Marshall & Co. 1866.
- The Efficacy of Homœopathy in Lung Disease of Cattle, Milk Fever of Cows, and the Cattle Plague.* London: H. Turner & Co. 1865.
- The American Homœopathic Observer*, December 1865.
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### TO CORRESPONDENTS.

#### AGARICUS MUSCARIUS IN CHILBLAINS.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Allow me to call the attention of my professional brethren, at this season of the year, to the value of *agaricus muscarius* as a remedy for chilblains. I am not aware that it is recommended in any of our medical works for that disease, except cursorily in the introduction to the proving of *agaricus*, though it is certainly indicated very strongly in its pathogenesis.

I do not look upon it as a specific in every case; but there is a general condition of system often attending the local disease, a variety of symptoms the totality of which this medicine frequently covers. I have used it with success during the last two or three winters, and by giving it for two or three months before severe weather sets in, sometimes alternating it weekly with *phosphorus*, have prevented the accession of the local disease.

When the fingers or toes are affected (the first stage), I order a lotion of one part of the mother tincture to four parts of water, and have the parts bathed with it twice a day, and at the same time give two or three globules of the 12th dilution twice a day, internally.

The strength of the lotion may be objected to on the score of the expense of the tincture; but this ought not to be the case, as the fungi are very plentiful, and the tincture may be prepared and sold as cheap as *arnica*. Besides this, a very small quantity of the lotion is required.

Yours faithfully,

A. C. CLIFTON.

Northampton, Dec. 11th, 1865.

Communications have been received from M. LÉON SIMON, *fil*, Paris—Mr. CLIFTON, Northampton—Dr. CRAIG, Scarborough—Dr. LADE, King's Lynn—Mr. WALKER, London.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### MEDICAL EDUCATION AND MEDICAL DIPLOMAS.

No subject is of greater moment to the well-being of the republic of medicine than the education of its members. Without special training—without special instruction—no man can, and no honest man will profess to practise medicine. To acquire a knowledge of disease, to be able to direct aright the various remedial measures at our disposal, every branch of science as at present taught in the medical schools of this country must be well studied. More especially is this necessary with what may be termed the subjects preliminary to practical medicine and surgery, viz., anatomy, chemistry, and physiology. These sciences form the groundwork of all medical investigations. They must be learned thoroughly and accurately. True, the boundaries of chemical and physiological science are extending daily—the time requisite to their mastery is longer now than was the case some twenty years back; but for the due performance of his professional duties, the physician or surgeon must yield to the necessity, the never-ceasing progress of scientific investigation imposes upon him. Next in order come pathology and therapeutics—the nature of disease and the properties of the drugs and of other agencies by which

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disease has to be met. With the acquirements a sound anatomical, chemical and physiological education has provided, the difficulties which beset the path of the student of pathology and of the materia medica will be largely removed. With the study—not merely in the lecture theatre, but at the bedside—of practical medicine, of surgery and of midwifery, the student of medicine brings his career *in statu pupillari* to a termination.

The knowledge special to medicine is not the only requisite to form a successful physician; the cultivation of habits of close, discriminative observation is of the highest consequence. These habits are best formed by an early devotion to logic, to mathematics, and to natural history. And it is with much pleasure, that we have witnessed the determination of some of the most highly-esteemed of our examining boards to insist on the possession of at least a sufficient acquaintance with these branches of study to ensure that the perceptive faculties have been well trained.

If a complete knowledge of every branch of medical science, a highly-developed power of sifting the manifold phases of disease is needed by the allopath, it is still more demanded by the physician who practises homœopathically. Dwelling, as he does, so much on the, in many instances, faintly-marked shades of difference between medicines whose spheres of action may be somewhat similar, his acquaintance with morbid action and with the properties of the materia medica must be proportionately minute and accurate.

A thorough cultivation of medical science is needed by the homœopathically-practising physician, in order that he may be able creditably to compete with allopathic practitioners of long standing and justly-earned reputation. By his ability, by the extent of his professional attainments, by his skill in diagnosis, as well as by his

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practical success in the cure of disease, is the system of medicine he has adopted not infrequently judged. A true *esprit de corps*, therefore, will urge him to aim at the highest standard of professional excellence.

Again, such a standard becomes of great importance in instances where, from being far removed from medical colleagues, the disciple of Hahnemann has to depend upon himself, and himself alone, in the management of intricate and anxious cases. It is in such cases that the diligent student when at college, he who has continued a student during every year of his professional career feels his power—feels the reward of his labour.

It is often said by those who are ever seeking to decry homœopathy, that as a body its practitioners are either uneducated or only half educated. Were this statement not the libel that it is, homœopathy would long ere now have sunk into oblivion. It would have done so, because to maintain the position of a practitioner of homœopathy creditably and successfully demands, as we have shewn, an education of the completest character. Isolated instances there are, of men whose medical education is slight or absolutely *nil*, but who, while they profess to practise homœopathically, do so neither creditably nor successfully. These are the men who have brought down upon us what of dishonour homœopathy has had reflected upon it. They are bunglers in medicine. Incapable of correct diagnosis in any other than the simplest and most obvious cases, the blunders they perpetrate, the loud professions they make of a skill superior to that of other men, cause the allopath to chuckle, and the patient who has entrusted himself to their care to vent his spleen—not against them, as indeed he might justly do, but against homœopathy.

That there are such men in our body we sorrowfully admit; but at the same time we rejoice to know that they

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constitute but a minority, and that a very small minority too.

We think that we have, in the matter of assisting such persons to obtain a notoriety damaging to the cause of homœopathy—of enabling such to lead the public to suppose that they are educated medical men, just cause of complaint against some of the Homœopathic Colleges established in America, to educate in, and grant degrees or testimonials of fitness to practise medicine.

In several instances the M.D. of these colleges is held by men who never entered a medical school—men who do not, and never did possess a particle of evidence proving that they are qualified to perform the duties of a physician. How they have contrived to obtain the diplomas of these bodies passes our comprehension. But this we do know, that men whose only education has been that of the mechanic or the tradesman, having found that money was to be made and a social position, other than that they were entitled to occupy, to be secured by practising homœopathy, have, either from the Cleveland or Pennsylvanian Homœopathic Colleges, obtained papers in right of which they dub themselves M.D. We believe that the former college is the chief offender. There are at least half a dozen of their graduates practising in this country, who have no title whatever to be regarded as medical men.

We know full well that upon some of our colleagues, who have done good service to homœopathy, these colleges have conferred their diplomas. The names of Sharp, Leadam and Wilson occur to us at once, and there may, for aught we know to the contrary, be others. But men, already eminent, derive no additional lustre from diplomas, whether they date from Cleveland, Philadelphia, or any other college. The colleges, on the contrary, have reason to rejoice that such names are inscribed on their list of graduates. With reference, however, to the class

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of persons we have alluded to, the case stands far otherwise: all the importance they have is derived from these colleges. From them they have obtained the power to represent themselves in the eyes of the public as being what they are not—physicians. These are the persons who damage homœopathy by their want of success; whose presumptuous assertion of a position they have not the slightest shadow of a claim to hold, tends to lower the professional and social *status* of the educated medical man practising homœopathically.

We do hope that our American colleagues will henceforth desist from aiding, by this indiscriminate presentation of diplomas, in the lowering of homœopathy and its educated representatives in the eyes of the public of their country. We are glad to have some guarantee that in future the Homœopathic Medical College of Pennsylvania will not confer a degree upon a person having no previous medical education. Dr. Wilson has been recently appointed the examiner of all, in Great Britain, who may desire the degree of this college. And we have his assurance, as conveyed in his letter to the Faculty of the College and published in the *Hahnemannian Monthly*, as well as from that which appears in another part of this number of the *Review*, that he will examine only "*such as already possess allopathic diplomas.*" We have thus a guarantee that future M.D.'s of the Homœopathic Medical College of Pennsylvania will have had the advantage of a medical education. In a legal point of view the diploma so conferred will be worthless. But in this respect it is only on a par with those of the German Universities. What value the public will attach to an additional qualification of this kind remains to be seen.

This appointment suggests to us, whether it would not be desirable to establish a British Examining Board in homœopathic therapeutics in connection with the



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London Homœopathic Hospital or the British Homœopathic Society. Such a board would, necessarily, have no powers to license to practise, and its examination would be purely voluntary. The only candidates that could be received would be men already qualified to be placed on the *register*. At the same time, as the examinations as at present conducted by the various recognized bodies do not involve a knowledge of homœopathy, the public have some right to expect that persons, who profess to have this knowledge in addition to that which their allopathic diplomas testify that they have, should produce some documentary evidence of their proficiency. We can see no necessity either for sending to America for such a certificate or for imposing the responsibility of advising its issue upon one individual, however conspicuous for his ability and integrity. This is a responsibility that ought to be divided amongst at least six members of the profession, having the full confidence of their professional brethren.

The value of a diploma depends solely upon the extent and variety of the learning, and the duration of the period of study needed to secure it: hence it is that the degree of the London University takes so high a rank. We have noticed that in the American colleges, we have named, two years' study are all that are demanded from candidates for graduation. In England we have come to the conclusion, that four years passed in the lecture rooms and clinical wards of the college and hospital are full brief enough to enable a man to possess himself of a sufficient amount of medical information to practise his profession. If we are right—and who can doubt it?—the education in the American colleges must be miserably insufficient, and their diplomas can convey but small assurance of the medical learning of their possessors. We sincerely hope that our brethren in America, who have laboured so earnestly in the cause of

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homœopathy, will ensure from the graduates of their colleges as thorough an acquaintance with every branch of medical science as the most exacting, and therefore most honoured, of the colleges of their country demand. And above all, we cherish the anticipation that they will never more abuse the privileges their States have entrusted to them, by granting the degree of M.D. to men who are utterly devoid of the education those letters presuppose their holder to have obtained.

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**CLINICAL OBSERVATIONS ON DISEASES OF  
THE RESPIRATORY ORGANS.**

By Dr. MEYHOFFER, Nice.

THE following cases are a selection from the records of a fifteen years' practice. The main object in bringing them under the notice of the profession is to contribute, according to our limited experience, to the still much disputed question of posology. Our choice must naturally be limited to those facts which may best illustrate the actions of each drug: we have no extraordinary cures to relate, which, by their apparently miraculous character, might be calculated to injure rather than to advance the cause of Homœopathy.

As we have no large hospitals at our command, where comparative studies with various dilutions can be rigorously carried out, a great number of years must elapse before the question whether we are to prefer low or high dilutions can, or will be, satisfactorily decided; and any individual pretence to establish an exclusive rule for the one or the other is nothing less than presumptuous, as well as a negation of the Homœopathic principle. We are at a loss how to explain the consistency of those who insist with such fervent zeal on the investigation of the minutest subjective symptom, but disdain to examine its

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physiological importance or to notice the pathological alterations of the internal organs, and administer always the same potency whatever may be the age, sex constitution, temperament, or susceptibility of the patient, disregarding also the chronic or acute nature of the disease. If these conditions be so unworthy of consideration, it would then be as well to confess at once that the notion of individualisation is a mere chimera, and that it is thus no longer necessary to undergo the trouble and waste of time involved in studying the pathogenetic effects of one drug on many persons; the experiment on one individual would in that case suffice.

I attended for six months the clinical lectures of Wurmb in the Homœopathic hospital at Vienna, in the year 1850, when he employed exclusively the 30th decimal dilution; at the same time I visited those of Skoda, who had first introduced into his wards, in the general hospital, the expectant method of treatment (1846). I saw, in the clinic of the latter, pneumonia of the upper and middle lobes on the right side, in an otherwise healthy man of 30 years of age, run a favourable course in three days under the exclusive administration of a *decoctum graminis*; while, precisely at the same time, a similar inflammation at the basis of the left lung, in a young woman of 26 years of age, in Wurmb's wards, required six days; the medicines given in this case were *aconite*, *bryonia* and *sulphur* (the pleura was not affected). What does this prove? Nothing in regard to treatment; but it is calculated to make us more cautious in the application of *post hoc, ergo propter hoc*. Wurmb has, in the course of ten years (1850-59), experimented with the 30th, 15th, and 6th dilutions in 107 cases of pneumonia. He published his observations in the journal of the Austrian Society of Homœopathic Physicians, and came therein to the conclusion that "the results under the administration of the

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30th decimal dilutions were much more favourable than those under that of the 15th and 6th  $\frac{1}{6}$  dilutions." In Germany, these studies have been the subject of severe criticism.\* It does not behove us to examine here their intrinsic value; we only find that their compass is too narrow, and the subject too complex, to permit a conclusion in favour of the one or the other dilution, and that these statistical comparisons are of small value in a matter where the epidemic constitution of individual conditions exerts so great an influence.

If we are ever to attain a satisfactory solution of this question, it will never be by those who, in the narrowness of their views, see no salvation except in their own sect. Still, however great the differences of opinion may be, there is in each some grain of truth; the question for us is how we may sift it out.

With the progress of physiology and pathological anatomy, it would be nothing short of madness to confine ourselves to the exclusive symptomatic point of view, such as that introduced by Hahnemann. At his time it was the only possible guide, all the medical schools being then enslaved by the grossest ignorance in physiology and pathology; since then science has progressed, and empirical symptomatology, which disregards the acquisitions of modern investigation, would be nothing else than the annihilation of our therapeutic law. The *δύμωσις* comprises more than a mere superficial similarity between the symptoms of a disease and those produced by a drug on a healthy person; it supplies us with the rational link between cause and effect, which being based on experiments almost innumerable, and so acquiring every attribute of an exact science, gives us a physiological therapeia, *par excellence*, to the confirmation of which every new

\* Neue Zeitschrift für hom. Klinik, No. 21, 1862.

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discovery in physiological pathology contributes. The fact that the latter leaves us on so many questions in the dark, and forces us to take our refuge in symptomatical empiricism, is no reason for shutting our eyes to the light it throws on so many points. We are, on the contrary, obliged by the principle itself—Hahnemann's immortal glory—to which we have sworn allegiance, to extend its dominion with every conquest made by science, and to re-establish disturbed health by that medical agent which in its pathogenesis has the greatest likeness to the physio-pathological state of the case. (This will make us the more aware of the still great deficiencies of our *materia medica*, and impress the necessity of re-proving the drugs in the same sense and spirit as that shewn by the Vienna Prover's Union.) An exact diagnosis of the morbid state in all its bearings and individuality, as well as of the medicine by which we are to cure it, is therefore the first requisite; the second, is to watch with honest suspicion the action of the latter in addition to all other conditions which might exert an influence on the course of the disease. *Natura curat sine medico, cum medico et contra medicum.*

Whatever then the dose of dilution may be, each observation will contribute in some measure to the elucidation of the question, though its therapeutic value may often be negative.

The medicines we make use of are prepared according to the decimal scale; where we depart from this rule we shall mention it. By high dilutions we understand those from the 10th upwards to the 30th.

With regard to the so-called dilutions of Jenichen, we cannot consent to employ them unless those who sell them will condescend to acquaint us with their mode of preparation.

*Acute Laryngitis Catarrhalis, cured in four days.*—Johann Scheibler, æt. 22, of a healthy constitution,

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never having had any illness, and of a sanguine temperament, was at a dinner-party on the evening of January 8th, 1852, where he drank freely of different wines, champagne included, and amused the company with his songs, not returning home till 3 a.m. in an elevated state, the weather being at that time bitterly cold. During the morning of the 9th he was taken with chills of fever, attended by fits of coughing and great hoarseness. These symptoms grew worse in the course of the night, and the breathing became difficult. On the 10th I was called in, and found him very feverish; pulse 100, full and hard; skin burning hot and dry; face very red, and anxious in its expression; eyes brilliant; the lips having a slight bluish tinge. His voice was suppressed, and he spoke in almost inaudible whispers. The breathing was difficult, the inspiration stridulous, and the patient experienced a distressing constriction of the throat. He complained of great thirst, violent headache, of dryness and burning in the throat, difficulty and pain in deglutition, of burning pain in the larynx, increased by speaking or external pressure. He exhibited great anxiety as to his power to get breath, and was at the same time very restless, changing his posture in the bed every moment. The cough was frequent, dry, very hoarse, coming in spasmodic fits almost every half hour, bringing on paroxysms of dyspnœa and suffocation; these energetic expirations through the reduced space of the glottis compress the contents of the thorax; the jugular veins being thus prevented from emptying themselves into it get swollen, the face takes a bluish red colour. With the beginning of these fits of coughing the patient would get out of his bed, if not prevented; he sits up in it, seizing hold of anything near him, trying every position to get more breath, wishes the window to be opened, pulls at his throat, the inspiration is prolonged, strongly stridulous, his face

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expresses the greatest anguish and terror, his forehead is covered with cold perspiration. These attacks last from two to five minutes, and leave the patient utterly exhausted. The fauces and the epiglottis are red, the tonsils considerably swollen, the tongue white, furred towards the root, and moist, urine scanty, and dark in colour. The organs of the chest and abdomen betray nothing worth mentioning.

PRÆSC.: *Aconite 2*, one drop every 20 minutes till the skin begins to be moist; from thence, the same dose every two hours.

11th.—In about two hours after the patient began to take the medicine, profuse perspiration broke out, and from that moment he felt himself in every respect relieved; the fits of coughing became less frequent and distressing; the breathing easier. In the night, he slept from 12 till 2 o'clock quietly, was then awakened by the cough, which was less dry, and towards morning he expectorated small lumps of glassy, greyish-looking mucous; the deglutition was attended with much less pain, the inspiration was no longer stridulous, unless immediately coughing; pulse 80, soft; skin moist; urine scanty, containing red sediment, which dissolved in the heat.

PRÆSC.: *Merc. sol. trit. 3. gr. iij., solv. aq. dist 3 vj.*; one dessert spoonful every two hours.

12th.—Voice returned, but still hoarse; cough moist, and not troublesome; expectoration yellowish; breathing quite free; no inflammation of the fauces and tonsils. *Continuatur med.*

14th.—Voice clear; coughs very seldom, only after laughing or speaking too much; patient considers himself quite well.

In this case, the combined action of alcoholic fluids on the system, the exertion of the vocal cords, and very likely, too, the change from the atmosphere of a heated

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room to the sharp, frosty air, occasioned an acute catarrh of the larynx of great violence, accompanied by symptoms of occlusion of the glottis, seldom met with in adults, unless when œdema in the submucous tissue is present. Longel's *pars respiratoria* of the glottis makes unimpaired breathing consistent with considerable swelling of the mucous membrane, and even some cases of diphtheria are recorded where the patient did not complain of want of breath, till a very short time before death. In young children the same anatomical disposition does not exist; their rima glottis does not present the triangular aperture found in adults; therefore, even a slight catarrhal affection of the larynx is occasionally attended by symptoms which have frequently been mistaken for croup. We could not detect in our case any swelling of the epiglottis; the painfulness of deglutition was therefore to be attributed solely to the inflammatory enlargement of the tonsils and the sensitiveness of the larynx, while the constant dyspnoea was caused by serous infiltration in the submucous tissue of the larynx, and the paroxysms of suffocation and cough ensued from a relaxation induced by the irritating influence of the inflamed mucous membrane on the laryngeal nerves.

In acute inflammation we can never have any doubt as to the medicine necessary to subdue it; the action of *aconite* on the arterial system has pointed to it since the time of Hahnemann as the antiphlogistic *par excellence*. Still, for a long time, the representatives of the homœopathic principle have been satisfied to employ it empirically rather than to investigate the manner of its action. The Vienna Provers' Union first tried to analyse its physiological effects; and Gerstel clearly points out the influence of this drug on the vaso-motor nerves; but the state of physiology in his time did not enable him to see in what way the sympathetic nerve was influenced by *aconite*. Since



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then, experiments have thrown more light on this question, and we can better understand now *why monkshood* increases or diminishes the frequency of the pulse. Before 1852 the physiological influence of the sympathetic nerve on the arterial system was reduced to the fact that its irritation by an electric current elicited, as an immediate consequence, contraction of the arteries and suppression of the pulse. Claude Bernard made in the same year a further step, and showed at the "Institut de France" (March 29th) that the section of one of the cervical trunks of the sympathetic nerve is constantly followed by an increase of caloric in all the parts submitted to its influence. Bernard was not then aware of the reason of this; and it is to Brown-Sequard that we are indebted for the true explanation. He proved that the heightened temperature was the consequence of a dilatation of the arteries and capillaries, and of an increased efflux of blood. Subsequent experiments made by Bernard have corroborated the correctness of these statements, and our science on this question stands now as follows:—\*

1st. The section of one of the cervical trunks of the sympathetic nerve is followed by a permanent elevation of caloric in all the parts supplied by it.

2nd. This increase of temperature is due to a more active circulation.

3rd. The arterial system is relaxed and dilated.

4th. The hydrostatic pressure in these arteries is higher than in those still under the regulating influence of the sympathetic nerve, the propulsive action of the heart remaining the same.

5th. The blood drawn from an artery, no longer under the control of the vaso-motor nerves, is of higher temperature than that on the healthy side.

\* Bernard *Physiologie du Système Nerveux*, vol. ii., p. 469, 1858.  
Bernard, *Liquides de l'Organisme*, vol i., p. 229, 1859.

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6th. An electric current applied to the cephalic trunk has the contrary effect to the section; the arteries and capillaries contract, the pulse disappears, and the temperature falls below the normal state.

7th. The elevation of the caloric, the more rapid circulation and dilatation of the blood vessels point to a congestive rather than an inflammatory condition.

8th. This congestion will, however, turn into inflammation and suppuration of the mucous membranes when the animal, on which the section is performed, has been previously weakened by want of food or other experiments.

The section of one of the cervical trunks of the sympathetic nerve has thus far an immediate result in the parts submitted to its dominion, increase of the caloric, dilatation of the arterial system, greater rapidity of circulation, higher hydrostatic pressure; congestion, inflammation and suppuration.

These facts destroy at once the hitherto universally accredited opinion, that inflammation and fever are an exaggeration of the vital forces, an irritation of the vasomotor nerves, &c.; we see, on the contrary, that heat and frequent pulse, local congestion and inflammation, are the result of relaxation of the arterial system induced by paralysis of the sympathetic nerve.

Among the drugs of our *Materia Medica*, *aconite*, administered in large doses to a healthy individual, induces effects identical with those produced by the section of sympathetic cervical trunk on the arterial system, i.e., increase of caloric (dry, burning heat), dilatation of the capillaries (swelling, redness of the skin), frequency of the pulse, local congestion and inflammation. Every homœopathic physician knows, on the other hand, by daily experience at the bedside, that *aconite*, in small doses, reduces, in fever and inflammation, the frequency of the pulse to a healthy standard, the burning heat of the

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skin to its normal temperature, and local congestions are superseded by a regular circulation; in one word, it has the same effect as has the electric current on the severed cephalic trunk. This apparent antagonism of the same drug in small or large doses explains and confirms the homœopathic principle; and our professional brethren of the official schools illustrate it in performing their best cures by following it involuntarily in their prescriptions, and no small number of them follow it without having the courage to enlist openly under its banner.

*Aconite* administered in the beginning of any febrile affection, such as that caused by cold, will check the progress of the disease, and prevent the morbid localisation by re-establishing normal circulations; if, however, any organ be already the seat of inflammation, as was the case with our patient, this medicine will even then seldom fail in a few hours to relieve the febrile symptoms, reduce the frequency of the pulse, diminish the burning heat of the skin, and favour perspiration. To obtain this, we have always found it imperative to give one drop of *aconite* every fifteen to twenty minutes till the skin begins to be moist. The dilution to be employed depends less on the acuteness of the disease than on the more or less great impressionability of the patient. We have generally observed that individuals with an unusually dry skin, or slow pulse, require low dilutions, while nervous temperaments, weak constitutions, with a frequent weak pulse, will be more benefitted by the 6th, or even a higher attenuation.

The action of *aconite* has its well defined limits; as soon as, under its influence, fever has been reduced—in the exclusion of any acute local inflammation—the general state of the patient, as well as the local morbid process, have undergone so great a change that it is no longer the homœopathic remedy, and another

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drug, which corresponds to the altered condition of the case, becomes necessary.

The indications which led to the choice of *mercury* were—the impoverishment of the blood by the previous rapid combustion; the action of this mineral on the vascular system under the precedent condition; its elective influence on the mucous membranes (congestion, hypersecretion); and the similarity of its laryngeal symptoms with those of the case. The same drug will frequently find its application in laryngitis catarrhalis of a less acute character from the very beginning.

We have already alluded to a catarrhal affection of the larynx in children, accompanied by symptoms of suffocation. In the day the signs are those of a slight catarrh, voice and cough are more or less hoarse, but the child plays and is cheerful, sometimes being fretful, seldom excited or rendered languid by febrile reaction. In the night, after having slept quietly for a few hours, it starts out of its sleep with all the symptoms of constriction of the rima glottidis; the inspiration is difficult, prolonged, and stridulous. Children affected in this way betray the greatest anxiety and restlessness, trying every position to get more breath, pull at the throat as if to remove some strange body which obstructs their breathing. After two or three minutes all these symptoms cease, the child falls asleep again, the breathing is easy and regular, and the remainder of the night often passes without any further disturbance. In some cases, however, after several hours sound sleep, a fresh attack comes on, following the same course as the first. Several explanations have been given of these symptoms, so alarming to the parents. Some believe that the mucous membrane of the larynx undergoes a momentary swelling, closing the rima glottidis, as that of the schneiderian membrane does the nostrils, which the muscular action is no more able to

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control. Others consider it a spasm of the glottis, caused by the irritation of the mucous membrane, and therefore nothing but a reflex action. The most correct and satisfactory view seems to us, that which supposes an accumulation of viscid mucus in the air passage of the larynx during sleep to be the real cause of this functional disorder of the glottis. The evidence which seems to corroborate this interpretation is, that these fits of suffocation never occur unless the children have slept for a time, and that as soon as they have cried out or coughed, the respiration again becomes free and easy. We have observed four cases of this kind, and found in all *ippecacuanha* to be the most efficient medicine in preventing a return of the nocturnal constriction of the throat. This medicine is of great value in the treatment of laryngo-bronchial affections in children, and is particularly indicated by spasmodic fits of cough, with a scanty secretion of a glutinous mucus. We are surprised to find that Baehr treats this drug *with so much neglect* in the consideration of laryngitis catarrhalis.\*

AN ENQUIRY INTO THE PATHOLOGY AND  
TREATMENT OF THE CATTLE PLAGUE.

By ALFRED C. POPE, Esq.

THE difficulties surrounding an investigation into the nature of a disease, entirely new to the present generation of medical men, are immense. No less so, are those presenting themselves in the attempt medicinally to treat such a disease; one occurring, moreover, in a class of animals upon which no *drug provings* have been made. At the best, the homœopathic relationship between the

\* Die Therapie nach den Grundsätzen der Homœopathie. Leipzig, 1864.

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effects of medicines and the consequences of disease under such circumstances must be of a somewhat rough and hypothetical character. Any nicety in the selection of a medicine to meet a particular case seems well nigh impossible. Hence the especial necessity to study carefully the pathology of the disease, and to institute a careful comparison between it and that of similar diseases met with in the human subject. This being done, our *experientia in morbis* directs us to certain well-proved remedies, between which and the phenomena of cattle plague certain well marked analogies will be found to exist.

I purpose, therefore, in the following observations to describe the history, symptomatology, and morbid anatomy of this disease, deducing therefrom its nature, then to infer from these conclusions the treatment most likely to prove effectual in checking it, and to illustrate its results and practical working by reference to a large number of cases that have come under my observation within the last two months.

That the cattle plague is contagious in the highest degree is so generally admitted, that its discussion here is unnecessary. As a contribution to the facts upon which its contagious character has been concluded, I may state that the outbreak of the disease in this district was distinctly traced, in innumerable instances, to cattle bought at low prices, by thoughtless farmers, in York fair. This, the largest cattle fair in the North of England, is held fortnightly. It was among the last to be closed. In it, during the last two fairs, many animals were exposed for sale at "ruinous prices," which had been brought from infected districts where the markets were already closed.

The period during which the disease is incubating has no very definite symptoms, the indications observed being merely such as would lead one to conclude that the animal was, from no very obvious cause, not quite so well as

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usual. Such as have been noted, may all be described by the word, langour. In a recent number of this *Review*, Dr. Wilson described certain phenomena which he had remarked by auscultation to exist in animals exhibiting none of the characteristic marks of the disease, but in which these characteristic marks were subsequently fully developed. Dr. Tripe, in his evidence before the Cattle Plague Commissioners, confirmed this observation of Dr. Wilson's: he says, "By auscultation of the lungs and careful examination of the animal, the disease may be detected in a very early stage. I may state that I have auscultated several cows, and found certain alterations in the breathing sounds in each indicative of approaching congestion of the lungs, before the running from the nose and eyes commenced."—Quest. 2729. Dr. George Moore, in the last number of *The British Journal of Homœopathy*, on the contrary, asserts "that during the incubatory stage there is not a shred of evidence, derived either from the symptoms during life, or from after death inspection, proving that *any* organ is the seat of morbid action."

The post mortem appearances generally observed do not, as will subsequently appear, tend to confirm Dr. Wilson's views. But knowing the varied modes in which the disease has been displayed in different parts of the country, and in animals placed under different circumstances as regards housing, feeding, and the like, I hesitate to assert that Dr. Wilson has been mistaken, more especially as the animals he has had the opportunity of examining have been similarly situated to those seen by Dr. Tripe. But whether he be right or wrong is practically of little moment, for as long as an animal feeds, chews the cud, and the secretion of milk continues, whether these functions are performed with their usual vigour or are so somewhat languidly, so long will the owner, in the vast proportion

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of cases, refuse to submit his stock to examination. In studying the nature of the disease, the knowledge that a definite period of incubation, a period during which the *materies morbi* is multiplying in the blood does exist, is of great importance. This period Dr. Smart, in his very able report to the Lord Provost and Magistrates of the City of Edinburgh, says that all his observations lead him to conclude terminates on the seventh day. Dr. George Moore, in the paper previously referred to, says that it "averages from seven to twelve days, as observed in "natural and inoculated cases; the period may, however, "be longer or shorter, according to the previous state of "health, the mode of origin of the disease, and the virulent or benign type of the prevailing epizootic;" Professor Gerlach, of Hanover, in his examination before the Cattle Plague Commissioners, stated the period of incubation to be "generally from five to seven days; though "in rare cases it may be more."—Quest. 479. Professor Gamgee, in answer to Dr. Parkes, said that the largest incubative period he had known was eight days; and that after exposure to contagion he had not known any case longer than eight days.—Quest. 2769 and 2770.

There is then an incubative period of from six to eight days, during which no symptoms characteristic of any definite form of ill health are usually observed. At the termination of this period an experienced eye can detect symptoms indicating the plague. Of these, one of the earliest and most valuable, both as regards diagnosis and prognosis, is a faint blush of redness on the mucous surface of the vagina, and on that of the gums. The increased vascularity of these parts is only faintly marked, but is almost invariably perceptible before any other symptom. The animal hangs her head, her ears droop, and, with the horns, are at first cold, then in a few hours abnormally hot. The coat stares, the muscles of the fore and hind



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quarters twitch, and are tremulous. The appetite fails early; the alæ of the nose are swollen and faintly reddened. Within twenty-four hours, or a little longer, the secretion of milk has ceased, rumination is suspended, the pulse has risen, the respirations have increased in frequency. At this early period the bowels act either scantily or not at all. As the disease advances to the third and fourth day the vaginal surface becomes more intensely injected and swollen; the red patches on the dental margin of the gums, under the tongue, and on the sides of the mouth, increase in size and deepen in colour. The respirations increase rapidly in frequency, being from 32 to 60 or 70 in the minute. In one case—and that a recovered animal—the respirations numbered 96 in the minute. The pulse is increased; the conjunctivæ are congested, becoming, as the disease progresses, perfectly turgid; lachrymation is more or less profuse; a thick, greyish discharge takes place from the nostrils, large plugs of dense ropy mucus being occasionally passed; the alæ are more swollen and injected on their internal surface, externally copper-coloured and livid looking patches are observable. Occasionally vesicles are seen on the nostrils: this symptom, which with a somewhat similar eruption on the udders and the fore and hind quarters, has been frequently met with in other parts of the country, has not been seen in more than ten or a dozen of the cases that have been treated homœopathically in this neighbourhood. About the fifth or sixth day, and in many instances a little earlier, the discharges become purulent, alike from the canthi, the nostrils and the vagina. The urine is now not unfrequently loaded with blood, and is passed with considerable pain and difficulty. The animal stretches out its head, grunting and moaning in a peculiar manner. The rapidity of the respirations increases, and they are often jerking in character. The pulse is quick and thready. Diarrhœa,

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often dysenteric in character, or thin watery and offensive in the highest degree sets in, and the animal sinks exhausted. This exhaustion is often attended with intense restlessness, turning of the head from side to side, frequent efforts to rise, which even if successful cannot be sustained for more than a few minutes. In cases thus protracted death takes place from simple exhaustion. But in several instances it has occurred somewhat suddenly, either early or where all the prominent symptoms had abated, when the pulse and respiration had become less abnormal, when the characteristic redness of the visible mucous surfaces had sensibly decreased, where, in short, a reasonable hope had been entertained of recovery. In such, the animal becomes suddenly more dull, the head drops, the eyes look heavier, the conjunctivæ are almost livid, the teeth are ground, she butts at everything within reach, oftentimes becoming furious, and suddenly dies.

The two modes, then, in which death has most generally occurred are—1st, by general exhaustion, and 2nd, by an apparent serous effusion within the cerebrum, under circumstances which seem to favour the idea of a metastasis to the brain having occurred. When no treatment at all is pursued, an animal dies generally about the seventh or eighth day. In many instances, where powerful alcoholic stimulants have been freely given, or where, on the other hand bloodletting has been largely practised, death is earlier. In those that recover, the first indications of returning health may be looked for about the sixth or seventh day from the first appearance of characteristic symptoms, though instances are not wanting where encouraging signs have appeared earlier. The earliest indication of improvement is a more cheerful expression of countenance. The head is held up occasionally, and the animal looks about her; the muzzle becomes dewy; the pulse comes down, and the respirations are less frequent;

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there is more desire for food, the milk returns, and presently "cudding" is again seen. When this is fairly established, the appetite oftentimes becomes voracious, and anything presented is greedily eaten. The injection of the mucous surfaces is the last symptom to disappear, but until it has disappeared an animal cannot be said to be perfectly healthy.

In in-calf heifers abortion sometimes happens, and in every instance where it has done so within my observation recovery has followed. An animal belonging to Mrs. Bentley, of Stockton, near York, which appeared to be recovering, was lost during calving. The presentation was a false one, and the cow sunk under exhaustion caused by the manipulation necessary to rectify it.

From the symptoms observed during life, I pass on to notice the appearances witnessed after death. These have been well described Dr. Murchison, of London, and Dr. Smart, of Edinburgh. To their reports, and to the observations made by Mr. Emerton, in Norfolk, I am indebted for the following description.

The mucous surfaces of the mouth, pharynx, gullet, trachea, the larger bronchi, the third and fourth stomachs, the small intestines, the anus, and the vagina and urethra, are all in a state of hyper-vascularity. This condition is most intense in the pharynx, the trachea, the vagina and urethra. In the mouth, the fourth stomach, and vagina, there is a large accumulation of epithelium. It collects on the membrane around the follicles, giving a punctated or honeycombed appearance, resembling ulcers. The surface below is entire. There is, therefore, no true ulceration. The condition is one of congestion, with increased epithelial secretion. In the third and fourth stomachs the mucous congestion is most marked.

As the provision for digestion in ruminant animals is peculiar, and not generally understood, a brief descrip-

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tion of the anatomy of the stomachs may render the pathological state more intelligible, and the dietetic treatment to be subsequently advised more readily accepted.

The stomachs are four in number ; the *first* or *rumen*, the *second* or *reticulum*, the *third* or *manyplus*, and the *fourth* or *abomasum*.

The food undergoes little or no mastication in the mouth, but is collected into a pellet and driven into the first stomach, the rumen or paunch. Here it collects, and undergoes some maceration ; when this large roomy organ is filled, by the action of its muscular fibres the food is propelled in balls into the *reticulum* or *second* stomach. "The action of this stomach consists in first contracting on its contents, and in doing this it forms the portion just received from the rumen into the proper shape for its return up the œsophagus, and covers it more completely with mucus ; then, by a stronger and somewhat spasmodic action, it forces the pellet between the pillars at the floor of the œsophagean canal, where it is seized by the muscles and is conveyed to the mouth."—(Youatt). "The portion of food having been sufficiently comminuted, is swallowed a second time, and either being of a softer consistence, or not being so violently driven down the gullet, or by some instinctive influence, it passes over the floor of the canal without separating the pillars, and enters the *manyplus* or *third* stomach."—(*Ibid.*) In this organ it undergoes further and most minute comminution, and when reduced to a pulpy mass is passed into the *fourth* or *true* stomach, there, under the action of the gastric juice, to be converted into chyme.

In a plague-stricken beast, the condition in which food is found in these stomachs appears to vary ; probably depending upon the period, as regards feeding, when the disease had so far advanced as to stop the process of digestion. Dr. Smart found the first and

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second stomachs full of undigested food; such was also the case in two post mortems made by Mr. Dring, veterinary surgeon, of Bath, for the notes of which I am indebted to my colleague Dr. Bayes. In Norfolk, Mr. Emerton informs me that he generally found a little food in a comparatively raw state in the first stomach, practically none in the second, the third was usually full, often quite distended with hard, dry, cake-like masses; in the fourth, the quantity varied, but like that in the third it was hard and dry.

The pathological appearances noted are important, and it would seem invariable. Dr. Murchison thus describes them (*Lancet*, Aug. 20th, 1865):—

“The mucous membrane of the digestive canal is inflamed throughout, but in some parts the inflammatory signs are more intense than others. On scraping off the thick layer of epithelium, which is done with abnormal facility, the subjacent membrane is found to be intensely red. The mucous membrane of the third stomach or *omasum* (*manyplus*) is still redder, and often presents patches of ecchymoses. It is the fourth stomach or *abomasum*, however, that I have found the inflammation most advanced. Here there is not only intense redness, with much adhesive mucus, on the surface, but the membrane is studded with minute superficial ulcers, like those erosions which are so common in the ordinary catarrhal inflammation of the human stomach. In addition, the membrane often presents extensive patches of claret-coloured discoloration, apparently due to sub-mucous extravasation. These patches are often surrounded by a distinct fissure in the mucous membrane, and, in some instances, the mucous membrane corresponding to the patch is in a gangrenous state, and more or less detached.”

Dr. Smart observed no redness in the first and second stomachs. In about half of the animals he dissected, he found circular patches, varying in size from a pin head

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to a crown-piece, having bright red or scarlet margins, central patches of a dirty colour, and somewhat gangrenous colour on the folds of the third stomach.

It is not, Dr. Smart remarks, the mucous membrane of the folds that readily peels off, but their epithelial covering. The following deviations from the normal condition of the mucous membrane of the fourth stomach are thus described by the same observer :—

“*First*, its vital attachment to the muscular coats is generally loosened, and in many parts destroyed. *Secondly*, it is soft and pliable, easily breaks down under any pressure, and when the change is furthest advanced peels off as if cohering mechanically to its sub-mucous connections. The cracks and abrasions are thus readily formed, which have been mistaken for ulcers. *Thirdly*, the epithelium of the entire membrane is deficient and imperfect, and at many parts quite absent. *Fourthly*, the high colour of the tissue, as microscopically determined, is due not, as has been stated, to sub-mucous or intra-mucous extravasation, but to vascular congestion in its most extreme form, the vessels being distended to their limits, or greatly enlarged, but without rupture or dispersion of their contents, unless artificially produced. *Fifthly*, in some instances, generally in stomachs of animals examined a few hours after death, some small ulcer-like depressed abrasions have been found. These are not true ulcers, and do not penetrate beyond the epithelium. In other instances, black spots, without breach of surface, and evidently due to pigmentation, were met with.”

In the intestines, similar, but much less intensely marked congestion, is met with. “The whole mucous lining of the bowels is unduly soft, and its epithelium imperfect. There are no *true ulcerations*, and in this respect its condition differs broadly from the ulcerated “typhoid of man.”—(Smart.) The glands of the intestines are not ulcerated. “The mesenteric glands show no

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"lesion of structure. They are bloodless and shrunken, "and their lacteal vessels empty."—(Smart.)

On the surface of the heart, and large vessels in its immediate neighbourhood, a vesicular eruption, similar to that observed in the muzzle in some cases, has been occasionally noticed. Dr. Arthur Gamgee, of Edinburgh, who made a chemical analysis of the blood, found it deficient in water, the solids of the serum increased, the blood corpuscles increased, the fibrine increased, and the proper salts diminished. The blood is found in a fluid state; it is dark in colour, somewhat tarry looking, and out of the body coagulates slowly but firmly.

In the kidneys, the pyramidal bodies are usually found congested. The uterus presents no unusual appearance, but the vagina is red, swollen, tense, and irritable looking. An aphthous or epithelial eruption is found where the mucous surface joins the integument. A glazy ropy mucus flows from the orifice, and hangs in strings from the vulva.

The only other post mortem appearance of moment mentioned by Dr. Smart is the emphysematous condition of the cellular connective tissue of the loins in some animals. This is observable in many instances during life, and is always indicative of great prostration.

These then are the data from which we have to form an opinion of the nature of this terribly destructive disease. We have seen it to be eminently contagious, to have a distinct period of incubation, to present during life symptoms of fever of adynamic type, of a determination of unhealthy blood to the mucous surfaces, of intense exhaustion, and in some instances of a specific vesicular eruption. The post mortem appearances point to a congested condition of the mucous surfaces, and to a depraved state of the blood.

Various theories have been hazarded as to its similarity

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or identity with certain well-known diseases in the human subject. It has been compared to typhoid fever, to diphtheria, to measles, to small pox, and to scarlatina. Unlike typhoid fever, it has no ulcerated intestinal glands. Unlike diphtheria, it has no true false membranes. Unlike measles and small pox, its eruption is not constant, and when present not sufficiently similar to identify it with either. To scarlatina, the disease, as it has appeared in this district, has seemed to me somewhat, though but slightly, more analogous.

In the present state of public opinion, a few words on its likeness to small pox must be said.

In variola, whether occurring in man or in the sheep, a pustular eruption is invariably present, save in that very rare disease *variola sine eruptions*. In Rinderpest, an eruption, whether pustular or vesicular, is by no means uniform. Since my attention was first directed to this disease, I have constantly been on the look out for such an eruption, and have requested both Mr. Hope and Mr. Emerton, under whose immediate care all the animals I have seen, together with many others, have been, to watch especially for this symptom. It has been seen in only some nine or ten cases out of more than a hundred and seventy. Small pox is a recognised and well known disease in sheep. In a few sheep attacked with Rinderpest, near York, the indications observed in oxen were as well marked as they could be, while those of ovine variola were not present at all. • Again, it has been stated that animals that have passed through the vaccine disease are secure from Rinderpest; and certainly, if it were small pox they should be so. But Dr. Fairmann, of Hanley, writing in the *Medical Times and Gazette* of the 13th of January, says:—

“In a large herd, on one of the farms I visited, the cow pox had prevailed extensively during the autumn and onwards of the past



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year. There have been six cases of the cattle plague among them (three being sick at the time of my visit), and three of these six have died; one, at least, of these three, and two of those three still alive had the cow pox; and, curiously enough, one of those dead had the cow pox and the cattle plague more severely than the others in either case."

The opinion that Rinderpest is nearly, if not quite identical with small pox has been argued with great learning and acuteness by Dr. Murchison, and he is supported in his views by no less an authority than Mr. Ceely. But with the presence of an eruption, and that one by no means identical with that witnessed in small pox, in not more than six or seven per cent of a large number of cases of genuine rinderpest, its identity appears to me as yet unproven,

In the *Lancet* and *Medical Times and Gazette* of the 21st of January, this question of identity of the rinderpest with small-pox is cautiously argued. The dissimilarity between the eruptions of the two diseases is well put by Dr. Sanderson and Dr. Bristowe. Dr. Bristowe writes: "I have no hesitation in asserting that the eruption, though superficially resembling that of small-pox, is essentially different from the eruption of small-pox as that eruption has hitherto been known to me by observation and by reading, and is essentially different too from the eruption of vaccinia. . . . I've never yet seen a vesicle. I've never yet seen a pustule. I've never yet seen that destruction of the surface of the skin which in small-pox leads to pitting." A large series of experiments in vaccinating animals in infected districts is now in progress. In a fortnight or three weeks we shall be able to come to some conclusion as to its prophylactic power. But supposing this power to be demonstrated, it must be remembered in arguing therefrom the identity of the two diseases, that by many authorities of weight in

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the treatment of dogs, vaccination is regarded as a sure prophylactic for the distemper—a disease which has no similarity to small-pox.

Certain features of rinderpest are very like those of scarlatina. Its toxæmic character, the congested state of the mucous surfaces, and the extensive desquamation of epithelium are resemblances of some importance.

Mr. Lord, in the October number of the last volume of this *Review*, suggested that the disease owed its origin to the existence of protozoa in the animals affected. Dr. Fenwick, in a recent letter to the *Times*, advocated the same view. Dr. Lionel Beale, in the *Medical Times and Gazette* of the 20th of January, gives the result of a most careful examination of this view of the nature of the disease. He has found entozoa or entozoon-like bodies in considerable numbers in the voluntary muscles of the system, and in the heart of every animal dead of the plague that he had examined, with only one exception. He admits that similar bodies are met with in the muscles of healthy animals, but says that they are so in smaller numbers. Dr. Bristowe, in the *Lancet* of the same date, states that he has found "Rainey's bodies" (parasites at one time described by Mr. Rainey as immature cysticeri cellulose) in considerable abundance in the carcasses of two heifers dead of the plague. But at the same time he found them in equal abundance in healthy muscular tissue. He concludes "they are of much pathological interest, and still need elucidation, but obviously they have only an accidental connexion with the Cattle Plague."

Amid the many conflicting facts and theories which surround the question of the true nature of rinderpest, it is almost impossible at the present moment to arrive at any positive conclusion. So far as my examination of this very interesting subject has gone, I am induced to believe that, when its pathology is more fully cleared up, rinder-

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pest will be found to be a disease *sui generis*,—one peculiar to ruminant animals, partaking largely of the most striking features of the exanthematous fevers in their malignant form, but identical with neither.

Such being the present state of our knowledge as to the pathology of the Cattle Plague, we come to enquire what are the measures necessary for its cure, or rather what are those that have been proved competent to its cure. The remarks I have to offer on this part of my subject are deduced from the observation of 172 animals suffering from the disease in this neighbourhood.

The experiments made by the Association established for the prevention and cure of the Cattle Plague by homœopathy, in Norfolk, are by no means conclusive, either as to the control over the disease a homœopathically-selected medicine can exert, or of the ability of our veterinary surgeons to discover such a remedy. The circumstances by which those treating the disease homœopathically were surrounded, well nigh precluded all possibility of success. They had to contend with a total disregard of instructions given to persons, whose cattle being insured for two-thirds of their value, had lost all interest in their salvage. Insurance may be a very safe preservative for the pockets of owners, but it has a marked influence in destroying their energy attempting the cure of their animals—more especially when this involves constant watching, constant cleanliness, and the adoption of a system of dietetics quite different from any they had been wont to use. Though we have to regret the death of many animals through the folly or wilfulness of their owners, we have not had an insurance society—at least, not on any extensive scale—to counteract our endeavours by its paralyzing influence.

Early in November Mr. George Hope, a well-known and much respected citizen of York, determined to do

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what he could to mitigate the losses of his neighbours by treating their sick cattle homœopathically. For this purpose he carefully read the best pamphlets published on the subject of the Plague, comparing their descriptions of the disease with the symptoms he observed in the animals; and these again with the medicines the symptomatology of which is to be found in Jahr's *Manual*. Though I cheerfully rendered him all the assistance in my power, saw a great many animals and studied the *Materia Medica* with him, still it is to his zeal and energy alone, to the disinterested devotion with which he attended the diseased cattle, that our successes up to the 1st of January are entirely owing. On that day the liberality of the Association, whose experiments in Norfolk had just been ended, placed at our disposal the services of Mr. Emerton, a member of the College of Veterinary Surgeons, whose ability in the management of sick cattle, and unremitting attention to his duties, have obtained for him the most complete satisfaction of all the owners of cattle with whom he has been brought into contact. Mr. Emerton's engagement in York terminated on the 19th of January.

The conclusions our experiments in treatment have forced upon us may be briefly stated.

The essentials of treatment are—*the commencement of treatment in an early stage; good nursing; constant attention; scrupulous cleanliness; suitable diet; and a truly homœopathic medicine*. Were it possible to collect 100 animals within a properly constructed sanatorium, not later than the third day of the disease, under the care of a competent, homœopathically-practising veterinary surgeon, assisted by a staff of trustworthy assistants, my conviction is that the successes obtained by MM. Seutin and Gaudy, in Holland, would be easily equalled and probably exceeded. These gentlemen, it seems, appear to fancy

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because Mr. Moore failed to cure more than 16 per cent.\* of the animals in Norfolk, that *homœopathy* failed. I contend that homœopathy did *not* fail. I admit it did not succeed; but this was simply owing to its not having a chance of succeeding; this chance having been precluded by the ignorance and wilful stupidity of the attendants. There is nothing, there can be nothing peculiar about MM. Seutin and Gaudy's homœopathy. Their assumption of special ability is a piece of quackery, to which all must regret that they have yielded.†

Since the 9th of November 177 animals suffering from Cattle Plague, of different breeds, different ages, and in various conditions, have been placed under homœopathic treatment. It must here be stated that no case has been refused where it was not but too obvious that life would be extinct within a few hours. Of these, 72 have recovered and 98 have died; being over 40 per cent. of cures. The remainder are at present unreturned. Since the 1st of January the numbers have been 70 treated, 35 cured, and 35 dead; being exactly 50 per cent. of cures. The smaller proportion of success during the first seven weeks of the experiment, arose from a want of acquaintance with the proper management of, and medicine for the disease; this information, increased opportunities for observation was not long in supplying. Our first cases almost all died; and I now feel sure that they were erroneously treated. We lost nearly 15 animals from this cause in rapid succession. In another instance 8 were lost out of 10 treated, from the poor condition in which the disease found them, the filthy character of the place in which they stood, and the incapacity of two old

\* The *Lancet* of the 20th ult., ever true to its principle—never on any ground whatever to utter the truth regarding homœopathy—makes the Norfolk per centage 6!

† See Lord Sidmouth's Letter to the *Times*, Jan. 15.

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people to attend to them. Bleeding contrary to our instructions, putting animals on solid diet too early, gave rise to death in several instances. One was a peculiarly provoking specimen of a cowkeeper's stupidity. A two-year old ox had been treated early, and was doing well, when a neighbour stepped in and suggested bleeding! Seven quarts of blood were at once taken from this sufferer from an exhausting disease! The animal lay down and never was able to rise again, dying next day from the exhaustion produced by bloodletting—not from that of rinderpest. One cow apparently recovering died during calving. Her case has been previously referred to. Of the remainder, not a few have been moribund when the treatment was commenced, some have been totally neglected by their owners, three have died apparently from sudden metastasis to the brain, and the remainder from exhaustion.

I have said that the *first* element essential to a successful treatment of this disease is that the cases be seen *early*. As a rule, when the characteristic symptoms have been present for four or five days, an animal will die, whatever may be the medicine given or the care bestowed upon it. Two or three very gratifying exceptions to this general rule have occurred here. One, an animal belonging to Mr. Musgrove, on the Fulford-road, was so far advanced in the disease, that on Mr. Hope visiting her he found that the Inspector had been sent for, to give an order for her shooting and burial. It was late at night, and as the order could not be carried into effect until the following morning, the owner was persuaded to allow medicine and gruel to be administered during the night. *Belladonna* was the medicine given, and by the morning the animal had so far rallied that all thoughts of destroying her were abandoned, and she made a complete recovery. In another case, belonging to Mr. Wilberforce of Stockton-

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in-the-Forest, the cow was completely despaired of when first seen, and though she suffered to a very great extent from emphysema of the subcutaneous cellular tissue of the trunk, completely recovered.

These instances are, however, on the whole exceptional. The treatment ought to be commenced early, in order to give the animal a chance of life.

2. *Good nursing.*—A sick cow requires as much attention as, if not more than a human patient prostrated by severe disease. Warm clothing and good ventilation must be provided, and medicine, food and drink regularly supplied. The animal's wants cannot be expressed; they must be sought for and administered to by intelligent attendants. In milch cows the bag should be emptied three times daily of any milk it may contain.

3. *Scrupulous cleanliness.*—All manure should be removed from the shed at once, and not allowed to accumulate. The "channel" behind the animals should be well flushed with pure water several times daily. The skin should be kept well cleansed by brushing and "rubbing down" twice every day.

4. *Suitable diet.*—Herein consists the great difficulty in dealing with men accustomed to give an animal almost anything it will take. They have no idea, either that a sick beast will live on gruels, or that the food to which it has been accustomed can by any possibility be injurious. Solid food to be digested requires mastication. This process is at a standstill. The functions of the first and second stomachs are in abeyance, the third and fourth are inflamed, and moreover contain masses of undigested food. Hence the aim in feeding must be to supply material not requiring mastication—food that can be absorbed readily. It must also be given in quantities that will not be beyond the creature's power of absorption. In one case the person in charge of a cow seemed to think, that if gruel was

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admissible it was so in any quantity; and he gave his cow, I am afraid to say how many quarts of gruel—but it was administered by the quart every half-hour for many hours—till the animal was immensely distended with the amount of fluid in the abdomen—and of course died. The difficulty of ensuring the giving of suitable food in proper quantity is enhanced by the appetite of an animal, as it begins to shake off the disease, becoming ravenous. She will eat anything she can get at, at this time. The gratification of her appetite is at once followed by a return of all the former symptoms, and her life is again placed in great danger. Mashies, gruels of Indian corn, oatmeal, linseed tea, thick and mixed with bran that has been steeped in hot water, are the best kinds of food to give during the first six or seven days. When really better, well boiled carrots or potatoes may be given sparingly. But until all redness is gone from the mouth and vulva, no solid food such as hay or roots can be taken with safety. In animals suffering much from exhaustion, it has been found useful to mix about half a pint of warm ale with each pint of gruel given. For drink, “hay tea,” or water barely warm are grateful and harmless.

5. *A truly homœopathic medicine.*—From the reports in the papers it would appear that animals have recovered under every variety of medication. But I know of few districts where so large a proportion of so considerable a number of cases—of cases, be it remembered, in every stage of the disease, treated too mostly in country farm steadings, seldom seen more than once a day by the veterinary surgeon, who had moreover to depend upon servants for the carrying out of his instructions—have recovered as in this neighbourhood, under the care of Messrs. Hope and Emerton. Dr. Wilson, in the *Morning Advertiser* of the 18th of January, states that he has saved 23 out of 32 cases he has treated. For my part, I heartily congratu-



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late him on his success, and trust that the particulars of cases of so much interest and importance will speedily be published. Dr. Wilson also states that 116 remedies require examination in treating a case of rinderpest, and that this examination should be made in German repertories. If this is necessary to the homœopathic treatment of the disease, then homœopathy is, so far as rinderpest is concerned, *impracticable*. To carry out homœopathy in this way, every sick beast should have a veterinary surgeon specially appointed to attend to it, and he too should be a much more highly-educated man than the majority of the veterinaries of this country are.

The experience we have had in York shows that Homœopathy is not thus impracticable.

*Belladonna*, more than any other remedy, corresponds to the prominent features of the disease, as we have seen it here. The difficult breathing, the congested mouth and throat, the engorged conjunctiva, the general congestion which pervades the mucous surfaces, with the desquamation following, all point to this as the remedy *par excellence*. It has been more valuable than any other we have used. It has been given in from 2 to 5 drop doses of the pure tincture every two, three, or four hours. The 1st, 2nd and 3rd dilutions were tried in our early cases, but they were by no means so satisfactory in their action as the pure tincture.

*Arsenic* has been useful chiefly in meeting the prostration about the fifth or sixth day. As a prophylactic I question its value. If it have any, it is not in the sense that vaccination is prophylactic to small pox; but it simply acts by keeping the animals in good condition, and so enables them the better to resist the contagion, giving rise to the disease.

*Rhus toxicodendron*.—The chief indication for this remedy has been found in the muscular twitchings which characterise the disease in some of its stages.

## THE CATTLE PLAGUE.

*Mercurius solubilis* has been found valuable when the mouth has been long congested, and the patches of desquamation are general.

*Ammon. causticum*, 1st dec., is of service when there is much abdominal distention, with heavy breathing and painful moaning.

*Turpentine*, 1st dec., has been of signal service in checking hæmaturia, a symptom which did not yield to *cantharis* at all.

*Scale c. φ*, Mr. Emerton thought useful in one case of sub-cutaneous emphysema, and its proving shows that it deserves attention in this condition.

*Phosphoric acid*, 1st dec., *mercurius solubilis*, and *arsenic* have appeared to control the diarrhœa more than any other remedies; but they have not proved altogether satisfactory. In any future case I should be disposed to try *muriatic acid* or *china*. It has been a more difficult symptom to meet than any other.

*Mercurius corrosivus*, 1, has checked several cases of dysentery in a very marked manner.

In one case of apparently impending metastasis the *acetate of copper* in grain doses of the 1st trituration appeared to prevent its development; but it was the only case in which it was resorted to, and therefore much additional experience is required before its value here can be estimated correctly.

In addition to medicines, much good has accrued from exposing the animal's muzzle to steam from boiling water or scalded bran. The nasal discharge is thus promoted, and large lumps of coagulated mucus are passed, to the great relief of the patient.

In conclusion, I can only express a hope that a further and more favourably circumstanced trial of homœopathically chosen medicines may obtain better results than have been met with here. It is not a question whether a

## EUPHRASIA IN OPHTHALMIA AND BLINDNESS.

homœopathically selected remedy can cure this disease ; but whether, with our present limited knowledge, we can find such a remedy. If we can, then with proper nursing and diet, and attention to details, I am persuaded that a very large number of animals can be prevented dying of Rinderpest.

## EUPHRASIA IN OPHTHALMIA &amp; BLINDNESS.

By C. BRISLEY, Esq., Halifax.

The following case treated with *euphrasia* possesses an interest, as it exemplifies a power in that drug over both acute and chronic affections of the eyes. It must, however, be admitted that in the present instance, the chronic affection of the left eye—*total blindness of about ten years standing*—was not an object of consideration in commencing the treatment ; the cure of the acute inflammation of the right eye was the one object of attention ; and hence the full restoration of lost sight was a most gratifying concomitant, as it was gradually and effectually brought about.

Amongst other symptoms relating to the eyes recorded of *euphrasia*, there are two which especially showed its fitness in the present case:—"Acrid lachrymation," and "Came very near getting blind."

The patient, Mary Ann R., was 23 years of age, single, a domestic servant. She consulted me on the 9th Dec., 1863, presenting the following conditions: Inflammation of the right eye, with a sensation as if the eye were filled with sand ; a small ulcer on the cornea ; and great intolerance of light. There was general febrile disturbance, internal chilliness with external heat. Pulse 88. The patient had already consulted another surgeon, who wished to perform some operation : to this, however, the mother of the young woman objected, on the ground that

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when the patient had, about ten years before, had inflammation of the left eye, he had operated on it, and the result had been a permanent loss of vision in that eye. She therefore applied to have the case treated homœopathically; and I gave her *aconite* 30, 2 globules every 3 hours, and applied a wet compress.

Dec. 11. The inflammation, and sensation as of sand in the eye are considerably less. There is less external heat and internal chilliness. Diarrhœa has come on this morning; the opposite state of the bowels was habitual with her.

Omit medicine.

Dec. 12. The redness of the eye, and the feeling as of sand in it, are much less; but there is a burning pain in the eye, and scalding lachrymation. The febrile symptoms have ceased; and the bowels act naturally. *Euphrasia* 12; 3 globules every 4 hours.

Dec. 14. The feeling as of sand in the eye occurs now only when the eye is uncovered. The burning pain and the scalding lachrymation have ceased: the tears are now cool. *She can now see a little with the left eye, with which she has not seen for ten years.* *Euphrasia* 12; 3 globules 3 times a day, 4 days.

Dec. 19. The feeling as of sand in the eye has ceased, and the eye is nearly well. The left eye is fast recovering its function. *Euphrasia* 12; 2 globules twice a day. Omit the compress.

Dec. 21. She was called up in the night to attend a dying brother, lost her rest; and the eye is now more inflamed. *Euphrasia* 12; 1½ globule every 4 hours. The compress to be applied again.

Dec. 24. There is now no pain in the eye when it is covered; but when it is uncovered the light distresses her, and she can hardly keep the lids apart. The upper eyelid is thickened. The left eye is so much improved

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that she can now see to read with it, the book being held near : but by candle-light objects appear double. There is a milky-looking discharge from the left eye.

Omit medicine.

Dec. 28. She has a sty on the right upper eyelid, near the external canthus. *Puls.* 30 ; 1 globule 3 times a day 4 days.

1864. Jan. 1. She has been out in the cold wind this morning, and both eyes are much congested, with a smarting pain, and lachrymation. But the sight of the left eye has continued to improve, though she still sees double with it by candle-light, and has to hold small objects near. *Euphrasia* 12 ; 1 globule every 4 hours, 12 doses.

Jan. 5. The redness of the eyes has ceased. The sight of the left eye is not improving.

Omit medicine.

Jan. 9. The right eye is well, except that the margin of the upper lid is thickened about the middle ; and the lids stick together in the morning. The diplopia of the left eye ceased two days ago, and the focal distance is a little increasing. *Euphrasia* 12 ; 1 globule twice a day for a week.

Jan. 16. The margins of the eyelids are sore ; the right eye is dim. The catamenia came on five days ago, after an interval of six weeks,—dark and clotty, attended with pain in the back. *Puls.* 12 ; 1 globule 3 times a day, 4 days.

Jan. 21. The sight of the right eye was much better till this morning : it is now again dim. No further improvement in the left eye. *Puls.* 30 ; 1 globule twice a day.

Jan. 26. Last evening she was unjustly and tyrannically threatened by her late master, and has been weeping since : the right eye is hence much inflamed ; the lids

## GLONOINE IN CEREBRAL CONGESTION.

are swollen, and there is a copious flow of hot tears. *Euphrasia* 12; 2 globules every 4 hours, 12 doses; then every 6 hours, 12 doses.

The inflammation of the right eye ceased; and the range of vision of the left eye gradually improved, till, becoming equal to that of the right eye, it constituted the completeness of the cure.

A partial ptosis, to which the patient had been subject during the years of blindness, was not wholly removed; but it was not attended with the slightest inconvenience.

## GLONOINE IN CEREBRAL CONGESTION.\*

By Dr. BAYES.

SOME years since I was suffering from intense pain in a hollow tooth, I soaked a small piece of cotton wool in *glonoine* 1, and filled the tooth with it. It numbed the pain, but induced a feeling as if the whole head was enormously swollen, with tightness and throbbing in the temples. I frequently repeated this experiment, and always with the same result.

*Glonoine*, it will be seen from the provings and recorded clinical experience, acts powerfully upon the brain and nervous system. Its relation to active congestion of the brain is well marked, and to some forms of apoplectic seizure, with *flushed face, injected eyes, and dilated pupils*.

\* For information on *glonoine*, see Dr. HERING's Provings, in Vol. VII. *British Journal*; Dr. DUDGEON, "On Pathogenetic and Therapeutic Action of Glonoine," Vol. XI. *ibid.*; Dr. BLACK, "Gl. in Headache," Vol. XIII. *ibid.*; Mr. FIELD, "Gl. in Headache, Toothache, and Neuralgia," Vol. XVI. *ibid.*; Dr. BRADY, "Gl. in Neuralgia," Vol. XVIII. *ibid.*; Dr. PAYNE, "Proving of Gl.," Vol. XIX. *ibid.*; "Medical Annals: Gl.," Vol. XXI. *ibid.*; Mr. NANKIVELL, "Gl. in Neuralgia," *Monthly Hom. Rev.*, Vol. VII.

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It will be found to calm cerebral excitement, *without delirium*, from over mental and bodily fatigue. Fulness in the head, with a sense of swelling, with or without actual headache, will yield rapidly to a few doses of *glonoine* 3rd to 3rd decimal.

I had a case lately under my care, where, owing to too close an application to business, a middle-aged gentleman passed sleepless nights, and had done so for several weeks, with the following symptoms: had "red face; greatly injected eyes; severe frontal and temporal headache; a deeply furred tongue; a pulse of 110, full, incompressible, and bounding; a general feeling of great tension, with aching pains in all his limbs;" in fact, just such a case as a few years back would have been bled copiously, with the intention of preventing an apoplectic seizure or an attack of brain fever. In this case a few doses of *glonoine* 3 gave five or six hours' calm sleep the first night, followed by a gentle perspiration, and allowed the patient to be at his business next day; a steady perseverance in the same remedy resulted in perfectly good nights, and a complete cure of all the head symptoms in three days.

*Glonoine* is one of those medicines of great power over cerebral disease, which is far too little known and too insufficiently appreciated. It fully ranks, in importance, side by side with *aconite*, *belladonna*, *hyoscyamus*, *opium*, *stramonium*, &c., but has its own peculiar sphere of usefulness, for which there is no substitute.

## REVIEW.

*The Outlines of Materia Medica, Regional Symptomatology, and a Clinical Dictionary*, pp. 783. By HENRY BUCK, M.R.C.S. Leath and Ross. 1865.

WHEN asked by enquirers and students, what book on the Practice of Homœopathic Medicine we should recommend

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to them as a guide in their experimental enquiry, we have hitherto felt great difficulty in giving them a satisfactory reply. Mr. Buck has helped us out of our dilemma by supplying us with the best treatise hitherto, published, to place in the hands of the student and enquiring practitioner. We do not mean to say that the void is wholly filled by the book before us, but it presents us, in a portable and a readable form, with an epitome of the homœopathic action of 178\* drugs. It is, what it professes to be, an *Outline* not a finished picture; but this is just what was wanted, and when the student has mastered the *outlines* and practically applied the *Outlines of Materia Medica* to, if we may so term them, the *outlines of disease*, we doubt not but that he will have seen sufficient reason and obtained sufficient success to tempt him to look yet further into the science, in all its lights and shades.

We must first pause to say that the book not only reflects credit upon the author, but that the printer and publisher deserve their meed of praise for the way in which it has been brought out. It is a handsome volume, well bound, so that one opens it without the fear of loosening its leaves. Its red polished edges are a security against its injury from dust, its paper is thick and of excellent colour, and its type bold and so legible that the print can be easily read even in an imperfect light. All these things are of secondary, but still of more real importance than some printers and publishers seem to suppose. The busy practitioner takes his book with him in his carriage; he has just been to see a somewhat complicated case, when he leaves the house he wishes to look up certain symptoms as he drives to his next patient, but the little confused print jolts and dances before his eyes, the symptoms are jumbled one into another, in the ill-printed book, worse even than they appeared to be in his patient's body; he strains his

\* Not 404 as incorrectly stated in a Review which appeared in the last number of the *British Journal of Homœopathy*.



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eyes and vainly tries to fix the book steadily in his hands and at last gives it up in despair, saying to himself he must look the case up when he gets home; but the chances are that a series of *contretemps* will prevent this, save at the expense of much nerve-force and temper, and possibly a head-ache. Now, in Mr. Buck's book the type is so bold and good that a man with ordinary vision could read it while he was being tossed in a blanket, or even while riding on the Great Eastern Railway.

Rather more than half Mr. Buck's book is given to the *Materia Medica*, three-fourths of the remainder is devoted to Regional Symptomatology, and closes with a Clinical Dictionary. We do not wish to be hyper-critical, but we think that, in a future edition Mr. Buck would add greatly to the already great value of his work if he were to enlarge the first and third parts and diminish or altogether expunge the second, substituting for it *clinical remarks* on a plan similar to those now found in our Repertories, but brought up to the pathological and pathogenetical knowledge of our day. Indeed the Regional Symptomatology appears to us a cumbrous arrangement, and is a segmentary manner of picturing diseases, requiring too much time to put it together so as to represent any given disease. In point of fact, it equals the most complex Chinese puzzle ever invented to give pleasurable worry at an evening party. The attempt, in the first part of the book, to winnow the Pathogeneses of the very numerous medicines of our *Materia Medica*, and to give us the wheat while it rejects the chaff, is admirably well meant and probably as well carried out as it is possible for one man to do at a first trial. It is a very difficult thing to say which symptom is important, and which is of no use or of little use, but it appears to us that, on the whole, Mr. Buck has exercised a very sound discretion in the selection of symptoms with which he has presented us in the present work. The author gives us this book, not only as an epitome of

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other men's labours but also as the embodiment of his own experience of homœopathic practice during 20 years. As one result of his experience, he lays down six "Rules for Practice," giving plain directions for the *selection* of the remedy and also for the *dose*, mode of *administration*, &c.

He recommends, in acute cases,  $\frac{1}{2}$  drop doses of the 3rd decimal dilution of the drugs, and if the effect is not well-marked, while the practitioner is certain that he has chosen the right remedy, he recommends recourse to the 1st dilution and to more frequent doses.

When we first experimented in homœopathy it was under the guidance and most kind advice of one of our leading physicians, whose practice is most extensive and whose success is notorious. One of our first questions was as to the dose, and we remember that we never could bring him to a close on this point: "Oh," he said, "it does not matter much what dilution or what dose you give if you only select the right remedy." But we found that, practically, he usually gave about one-third of a drop of the 3rd tincture of vegetable medicines, or of the 6th tincture of metals. This was, and we believe is, his standard practice, but he occasionally gives higher or lower potencies.

When we entered practice we trespassed upon the kindness of the same most genial and good-natured physician, so far as to ask him to write the attenuations he could recommend against the names of each medicine named in a list copied from Jahr. He wrote 3rds, 6ths, and 12ths. We procured these, and for the first two years prescribed them only, and we are bound to say that our success, even in acute cases, was most marked.

During these earlier years we never once prescribed a lower dilution than the 3rd (excepting in *one* case of intermittent fever, in which we gave *quinine* 1st decimal

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in 2 grain doses), and with this and the higher dilutions our success, after our previous experience in allopathic medicine, appeared to us more than satisfactory. We ought to observe that the cases treated embraced a large number of intermittent and remittent and some typhus and typhoid fevers; rheumatism both acute and chronic; one severe case of endocarditis; pneumonia, bronchitis, scarlet fever, measles, &c.; in fact, all the usual ailments met with in an extensive practice. We may say that the only exceptions to successful treatment in those early days, were that our typhus and typhoid fever cases, and one case of acute otitis, did neither better nor worse than in our allopathic days, and that whooping cough cases also did not satisfy us. These exceptions, our subsequent experience has shewn us, depended for their want of success on our not having given low enough dilutions of the appropriate medicines. One conclusion, however, which we arrived at, tolerably early, was that the *dilution* chosen is a matter of more moment than some of our body, and among others our friend above named, seem to imagine.

A most interesting paper appeared in a recent No. of the *British Journal of Homœopathy*, from the pen of our esteemed friend and most talented colleague, Dr. Madden, on this subject, in which he narrates how useless the lower dilutions of *chamomilla* are in children's diseases, as compared with the 12th. Our own experience fully corroborates this. The 12th dilution of many of our medicines acts in the most decided manner in many diseases where the lower dilutions fail to produce any beneficial effect, while our subsequent experience proves that in certain cases the higher dilutions act with a power still more marked. We have cured many cases of intermittent fever with *china* 30 after the lower dilutions and even massive doses had failed. We do not mean from this that it would be inferred that the higher dilutions are a safer or better

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standard than the lower, we only mean that *each dilution* has its own *sphere of action*, and we do not believe that one dilution can be safely substituted for another at will or caprice, nor do we quite agree with Mr. Buck, that when a medicine, which is strongly indicated in a case, fails to induce a good effect that we ought invariably to go to a lower dilution. We lately saw a case of acute rheumatism complicated with bronchitis, where *bryonia* 3rd decimal failed to give any relief, while the substitution of the 30th induced immediate good results and ended in a rapid cure.

Mr. Buck warns the practitioner against the alternation of remedies "if good results can be obtained with a single remedy." In this we fully agree with him, but the *whole force of the sentence* lies in the "if." In our last volume we so fully entered into the question of alternation that it is needless to recapitulate our views. Rule 6th, on the treatment of chronic diseases, might, without explanation, mislead a beginner through the omission of two words. The author says—"frequently several remedies must be exhibited;" he ought to have said, "in succession." The passage is perfectly clear to a homœopath, but a novice might think it sanctioned the use of several remedies at once, after the manner of allopathic polypharmacy.

The arrangement of the first part of the work is admirable and shews, in addition to its condensation of our provings, careful and painstaking research into the clinical experiences of our school now accumulating in our periodical literature. If we point out one or two omissions, it is in the hope that a second edition will soon be called for, and that Mr. Buck will then make this, which we consider on the whole, the best book to place in the hands of a beginner, still more perfect.

The value of the clinical notes at the head of the provings of each remedy (or which should have been at the

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head—in some few, as *iodine*, &c., they have been placed at the end), would have been much enhanced had Mr. Buck given his *authorities* at the foot of each page. His readers would then have had some idea of the value of the clinical hints, and a reference to the case or cases which were the foundation of the clinical note or notes would have been possible. To some of the medicines the pathological condition is appended: these should be given more fully. Three lines appears to us too small a space to allot to the pathological appearances induced by *digitalis*. *Aconite* and *arsenic*, each have less than 13 lines devoted to their pathological appearances. This space is too little to allow of anything but the most meagre transcript of a few disjointed signs.

The "Outlines" include the names of many of the medicines contained in Dr. Hale's *New Remedies*, but we notice that several of recognized power have been omitted, such as *æsculus hippocastanum*, *cimicifuga racemosa*, *rumex crispus*, &c., which have all proved of marked service in their several spheres. It appears to us that some few of the medicines have been somewhat too freely curtailed, but to the busy practitioner, to the student, and to those physicians and surgeons of the older school, who desire to investigate practically into the action of medicines when given homœopathically, we can confidently recommend this welcome addition to our literature, and cordially congratulate Mr. Buck on the successful issue of his labours.

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ABSTRACT OF THE MINUTES OF THE PROCEEDINGS OF THE LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

At the meeting, held November 1st, 1865, there being, in consequence of Dr. Simmons' illness, no paper before the meeting,

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Dr. Stokes gave the history of a case of gout in the stomach, and spoke very highly of the antispasmodic power of *gelsemium*, illustrating its action by reference to a case of convulsions in a young lady in whom the spasms relaxed whilst the first dose of medicine was in the mouth; and by a case of gout in the stomach, relieved by three doses of *gels.*  $\phi$  5 drops every ten minutes.

Dr. Drysdale spoke highly of the power of *sanguinaria* in the suppurative stage of pneumonia, and illustrated this by reference to a case in which, given alone, it arrested the suppuration, cough and fever, and healed up the abscess, and brought about a perfect cure in a short time. And Dr. Hayward mentioned the case of an elderly gentleman, in which a very extensive pulmonary suppuration was cured by *iodide of arsenic* 3. He also referred to a family in which there appeared to be a tendency for pneumonia to run on to suppuration, the father having had it twice and recovered perfectly from both attacks; one son having recovered from one attack and dying in a second; and one daughter having recovered from an attack, and another died in one. In both attacks the father's recovery was apparently brought about by inhalation of tar fumes and stimulants, and the son's recovery in the same way. In corroboration of the power of tar over suppuration, Dr. Drysdale then referred to the effect of *carbolic acid*, and mentioned that the explanation of the action of this acid, adopted by Dr. Lionel Beal was, that pus globules are living germs that propagate themselves, and that *carbolic acid* and its congeners act by killing those germs, and thus arrest the suppurative process.

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#### HOMŒOPATHIC TREATMENT OF CATTLE PLAGUE IN HOLLAND. WHAT IS TRUTH?

WEBSTER defines *a lie* to be, "To utter criminal falsehood; to represent falsely; to violate truth; to falsify." Now, if this definition is correct, we might call the "false representation, the violation of truth, and the falsification," to which we direct the attention of our readers by that very ugly short word of three letters.

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The *Lancet* of November 25, p. 600, thus begins an article on the *Cattle Plague*.—"We have authority for stating that the despatches received at the Foreign Office, from the Dutch Minister of the Interior, announce that the alleged applications of homœopathy to the treatment of cattle affected with the rinderpest in Holland have been much exaggerated; that the statements as to their great success were unfounded," &c.

This "*we have authority*" of the *Lancet*, of course had its weight among the "blue pill and black draught for ever" gentlemen, many of whom have not yet recognized the utter and shameless mendacity of the leading medical journals whenever they write upon homœopathy. It is extremely difficult for gentlemen to understand how journals, circulating among gentlemen, can be encouraged and lauded for continued and persistent "false representations, and violations of truth." Let such take warning from the following letters, that it is not safe to trust in the allopathic medical journals, whenever the subject relates to Homœopathy.

*To the Editor of the Times.*

SIR,—On the 20th of December, a letter appeared in *The Times*, signed "J. T. Tyrell," which contained the following passage:—

"The mischievous statement that 75 beasts were cured in Holland, which went the round of the papers to suit the homœopaths, was coined in this way:—The two or three out of 20 which sometimes survive the attack, all that survive from the lung complaint, and the whole from the foot and mouth that get well of themselves, make up the rest; the statement being utterly at variance with the facts."

As this impugns the accuracy of the report I brought from Holland, may I request that you will have the goodness to publish, in contradiction to Sir J. Tyrell's unfounded assertion, the enclosed copy of a letter I received yesterday from Herr Vandyk, the Burgomaster of Matenesse, under whose official superintendence the homœopathic treatment of the cattle plague was carried on in Holland?

I have the honour to be your obedient servant,

EDWARD HAMILTON, M.D.

London, Dec. 30.

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(Copy translated.)

"Scheidam, Dec. 27.

"SIR,—I beg to inform you that the numbers of the cattle treated by Messrs. Seutin and Gaudy, as you gave them in yours of the 22nd inst., are very nearly correct. There were put under their treatment, in the first instance, 68 beasts declared in my presence by the veterinarians here to be attacked by this contagious disease, and afterwards, when these gentlemen were free from the above-mentioned control, 10 more, making in all 78 animals; of this number 58 were cured and 20 died.

"Messrs. Seutin and Gaudy treated all the cattle confided to them, except some which were in a desperate state, or which belonged to farmers destitute of the necessary means for their treatment. Their refusal in each case was entirely justifiable.

"Accept, &amp;c.,

"P. J. VANDYK VAN MATENESSE.

"Edward Hamilton, Esq."

—*Times*, Wednesday, Jan. 4, 1866.

To this letter Sir J. Tyrell replied in one, dated Jan. 5, but not one word does he offer in explanation of his offensive and untrue assertion, that the returns of cattle treated homœopathically in Holland were made up not from cases of rinderpest, but of other and comparatively mild forms of disease.

The "authority" of the *Lancet* was a simple invention of an unscrupulous opponent to the Homœopathic method of treatment, of the very nature of which the editor is wilfully ignorant, the results of which being unable to explain and unwilling to accept, he, in the face of abundant evidence to the contrary, denies the very existence.

## PHYTOLACCA IN DIPHTHERIA.

Dr. DUNCAN MATHESON, of Newcastle-on-Tyne, writes as follows:—

"I have used *phytolacca* in two cases of diphtheria as recommended in the *Review*. It acted like a charm."

We shall be very glad to hear whether this experience, which corroborates the statements in Dr. Hale's *New Remedies*, Art. "Phytolacca Decandra," and those of Dr. Sherwin and Dr. Bayes in our *Review*, are borne out by the further experience of our colleagues in other parts of England.



## NOTABILIA.

A LETTER ADDRESSED BY DR. BAYES TO THE  
"ASSOCIATION FOR THE TRIAL OF PREVENTIVE  
AND CURATIVE TREATMENT IN THE CATTLE  
PLAGUE BY THE HOMŒOPATHIC METHOD."

MY LORDS AND GENTLEMEN,

I hear so deplorable an account of the ravages of the Cattle Plague in my late county of Cambridgeshire, where many friends of my own have most perseveringly followed Mr. Moore's instructions, and those laid down in your recommendations, without adequate success, that I am impelled to address you a few lines on what I believe to be the true source of this lamentable result.

I am informed that in Cambridgeshire, and also in one case near Bath, that *arsenicum*, in the doses recommended, has failed to act as a prophylactic.

In many instances where it, and the other remedies have been given as curative agents, the animals lived from thirteen to fifteen days and then died.

In all instances where *arsenic* was given, the decomposition of the body after death was arrested. (This proves the antiseptic power of *arsenic*, even when given in small doses.)

From our previous knowledge of the power of Homœopathic medicines upon MAN, we had a right to expect a greater and more decided success in the treatment of the Cattle Plague than has, as yet, resulted from the remedies employed.

*Homœopathy has not failed*, but we have not, as yet, applied Homœopathy (in the true scientific sense of the word) to the treatment of the disease.

For to treat the cattle *homœopathically*, we must first know the pure effects of the drugs upon the ox tribe. But I have sought through our literature for a record of the effects of drugs upon the ox, and have found none, if we except the imperfect writings of the toxicologists. I say imperfect, because they fail to record, with sufficient minuteness, the symptoms induced and the order in which they appear. They do not present a *perfect picture* of the drug effects, but simply their broadest lights and shadows.

## NOTABILIA.

Now, the treatment hitherto adopted has been based upon the unproved assumption that there is a perfect analogy between the physiology and pathology of man and animals; that the *omnivorous one-stomached* man and the *herbivorous four-stomached* ox have analogous diseases, which would yield to the exhibition of the same drugs in proportionate doses.

Such experience as we have at present attained in this disease negatives this hypothesis, and I would suggest that the Association should proceed to the investigation of the pure effects of drugs upon the ox tribe as the first step towards the cure of their diseases.

If these experiments be made in accordance with the rules laid down by Hahnemann for the *proving of drugs* upon man; if we carefully experiment upon the healthy ox and cow, recording every deviation from health caused by the drug exhibited—then, and then only, may we expect to discover the true “*similimum*,” i. e., the true Homœopathic remedy for the Rinderpest. A well planned and well executed series of experimental observations will not only benefit us at the present juncture, but they will not fail to discover to us much valuable information upon the treatment of other diseases, and afford a secure basis for the construction of an admirable veterinary *Materia Medica*.

It is not a little singular, that while the horse, the dog, the rabbit, fowls, &c., have all been experimented upon by toxicologists, the ox tribe has scarcely ever been subjected to even this rudimentary form of *provings*; and in all cases the experiments have been made with the view of elucidating the effects of poisons upon man, and not with a view of obtaining a knowledge of the effects of drugs upon animals.

So far as the experiments upon other animals carry us, they give us much useful information, but especially do they bear out the great importance of the views above expressed, which I brought before the meeting of the British Homœopathic Society last Thursday.

Among other things, they show how much less sensitive *herbivorous animals* are to medical poisonous influences than are the *omnivorous*.

## NOTABILIA.

For example—it requires only from 1 to 4 grains of arsenic to kill a man, while a horse has been known to take from 120 to 180 grains with no ill effects. Pereira states this and the other facts referred to below in his *Materia Medica*. A horse eat 8lbs. of the leaves of the *belladonna* with no ill effects. Blackbirds eat the berries of the *belladonna* with no ill effects, while some other birds are poisoned by them. A horse had 5 ounces of the *expressed juice of stramonium* given to him, and the only effect was to induce slight drowsiness and gaping.

*Tartar emetic* acts powerfully upon man in 1 grain doses; but Morroud (see Pereira) gave 6 ounces, *i. e.*, nearly 3000 grains, to a horse without producing any remarkable or permanent derangement in its functions. Gilbert gave 10 drachms, *i. e.*, 600 grains, to a cow without any remarkable effect.

These examples, which might be multiplied to any extent, sufficiently prove—

1st. That the pure effects of drugs upon the ox tribe are as yet unknown.

2nd. That herbivorous animals are less sensitive to the action of both mineral and vegetable poisons than man.

3rd. That certain substances which are the food of some animals are poisons (and therefore medicines) to others.

From the first of these propositions it is clear that the (so-called) Homœopathic treatment of animals has been experimental and uncertain.

From the second, we may learn that the dose to be given to animals must be very much larger than that which we prescribe for man.

From the third, it appears that we cannot, with safety, speculate, from a supposed analogy, upon the action of drugs even upon animals of the same genus, much less upon those of a different genera: *e. g.*, what is food to the blackbird is poison to the fowl. We may also see the cow eating hemlock, which is a poison (and therefore a medicine) to man.

I would, therefore, suggest to the Association that, as a first step towards the rational treatment of the ox, they should—

1st. Institute a search for such *provings* of medicines and

## NOTABILLIA.

poisons as have been made accidentally, or with a purpose, upon the ox tribe.

2nd. That they should appoint a committee to carry out a series of well-planned experiments upon the effects of certain drugs upon the healthy ox or cow.

Among other medicines not mentioned in your circular, I would note for such an experiment, *tartar emetic*, from its known powerful action upon the pneumo-gastric nerve, upon the air-passages, and especially upon the *fourth stomach* in the ox; the *iodide of arsenic*, the *iodide of sulphur*, and *veratrum viride* I would also venture to suggest for the above experiment.

I have the honour to remain,

My Lords and Gentlemen,

Yours obediently,

15, Catherine Place, Bath,  
Dec. 11th, 1865.

WILLIAM BAYES, M.D.

To this communication the following reply was received. We trust that the suggestions offered will, ere long, receive the consideration they so obviously demand.

6, Adelphi Terrace,  
15th Dec. 1865.

Dear Sir,—I have to acknowledge the receipt of your communication of the 11th inst., and to thank you for it. It was read at a full meeting of the Association, and whilst all admitted the value and importance of the remarks therein contained, it was agreed that the enquiries proposed were hardly within the province of this Association, and if they were, would require an amount of time for their proper elucidation which others, and not they, must devote to them.

I am, dear sir,

Yours faithfully,

R. BUCHAN.

Dr. Bayes, Bath.

## OBITUARY.—DISPENSARY REPORT, ETC.

## MEMORIAL TO THE LATE DR. CHAPMAN.

THE following subscriptions to this fund have been either received or promised :—

The Bishop of Antigua	£100 0	Rev. C. R. Howell	....	£5 0
W. Armstrong, Esq.	.. 20 0	John Janson, Esq.	....	10 0
H. Buckle, Esq.	..... 100 0	J. Kelk, Esq., M.P.	....	50 0
J. Bailey, Esq., Q.C.	.. 50 0	N. T. Lawrence, Esq.	.. 20 0	
Alfred Castellan, Esq.	.. 50 0	Samuel Martin, Esq.	.. 100 0	
Mrs. Alfred Castellan	.. 50 0	Dr. Metcalfe	.....	25 0
Miss Chalmers	..... 2 0	Lady S. Milner	.....	1 1
Dr. Chepmell	..... 5 0	Alfred C. Pope, Esq.	.. 1 1	
Dr. Drysdale	..... 50 0	George Pope, Esq.	....	5 0
Dr. Dudgeon	..... 5 0	W. Prince, Esq.	.....	2 2
Dr. John Epps	..... 10 0	W. Rathbone, Esq.	....	50 0
Prof. Georgii	..... 5 0	C. Skinner, Esq.	.....	50 0
Dr. Hilbers	..... 100 0	John Stock, Esq.	.....	100 0
Dr. Hering	..... 5 0	Dr. Sutherland	.....	3 3
Dr. Henriques	..... 5 0	Dr. Sharpe	.....	3 3

(To be continued.)

## OBITUARY.

## DR. DAUGLISH.

We regret to announce the death on the 14th ult., at Great Malvern, of Dr. Dauglish, whose name is identified with the manufacture of aerated bread. Dr. Dauglish, some few years ago, practised homœopathically at Tunbridge Wells. He has long been in failing health, and his death is understood to have been accelerated by the labour of perfecting his most recent improvements.

## DISPENSARY REPORT.

MEDICAL REPORT OF THE NORTHAMPTONSHIRE  
HOMŒOPATHIC DISPENSARY,

From July 1st, 1864, to June 30th, 1865.

*Medical Officer*—A. C. CLIFTON, Esq.

Number of cases admitted	.....	667
Remaining under treatment from previous year	.....	52
		<hr/> 719
Of these were cured	.....	382
Benefitted	.....	128
Left treatment, result unknown	.....	82
No improvement	.....	36
Died	.....	9
Still under treatment	.....	62
		<hr/> 719

## CORRESPONDENCE.

### THE DEGREES OF THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Dr. Guernsey, Dean of the Homœopathic Medical College of Pennsylvania, has made known through your advertisement sheets the nature of my connection with that college, and added that my letter accepting the office of Examiner, with a statement of the “conditions and subjects of examination,” will be found in the third number of the *Hahnemannian Monthly*. From numerous enquiries addressed to me it would seem that excellent journal, the organ of the college, is not yet in the possession of British homœopaths generally, I shall, therefore, feel obliged by your publishing through your widely read columns the following particulars and extracts from my letter, to which the Dean refers.

I have accepted the honourable but very responsible post of Examiner, “on the sole condition of there being no emolument attached to it . . . . . I shall not shrink from exercising with integrity, I trust, the important functions with which the Faculty have invested me, for I feel, however much I may fall short in the performance of such an important trust . . . . . the British public will, nevertheless, have some guarantee beyond that of an allopathic diploma, that its possessor is fully qualified to exercise the homœopathic art. Hitherto the public has justly complained of the want of such a guarantee.

“Under the existing state of English law, it is necessary that British practitioners should possess an allopathic diploma before they can be registered; therefore, my functions, in regard to British candidates for homœopathic degrees, will be chiefly directed:—

“I.—To an inquiry into their knowledge of Hahnemann’s doctrines.

“II.—Whether they understand how to examine patients as Hahnemann directs.

“III.—Their knowledge of the *materia medica*; and

“IV.—Their fitness to handle the latter in cases of sickness.”

In this latter part of the examination, candidates will have

## CORRESPONDENCE.

their acquaintance with Repertories, as well as their facility in using them thoroughly tested.

" Having only to examine such as already possess allopathic diplomas, will relieve me of much responsibility, as I agree with the Faculty, that only those can be admitted either into the homœopathic or allopathic ranks who have gone through a curriculum of study in the necessary and collateral branches of a sound professional education, such as are taught in the Homœopathic Medical College of Pennsylvania by veteran homœopaths and distinguished professors, of whom the allopathic school might well indeed be proud; these subjects being descriptive and practical anatomy, physiology, materia medica, institutes and practice of medicine, special pathology and diagnostics, obstetrics and diseases of women and children, surgery and chemistry. Furthermore, I shall require of all those who may present themselves for examination, certificates of their having completed the full curriculum of their studies on these several subjects."

It will thus be seen that the College of Philadelphia exacts from its Graduates a much higher range of knowledge, on subjects common to both schools, than do many allopathic bodies whose degrees, diplomas, and licenses are accepted for registration, which is refused however to homœopathic degrees as well as to some allopathic qualifications of sterling merit but whose possessors are well-known homœopaths. This injustice cannot last much longer. The true cause of Hahnemann, however, has nothing to expect from soured individuals whose disappointed ambition leaves them no more congenial occupation than the perversion of truth with a view to detract from the status of Hahnemann's faithful followers. When the Homœopathic Faculty of Philadelphia conferred on me the honourable distinction of British Examiner for their Degree they were quite as well posted-up on the subject of registration as they are on every other medical and scientific matter. Why the *British Journal of Homœopathy* should lend its pages to flippant scribblers, that they may wantonly insult our American brethren of European reputation, challenges enquiry and will probably meet with all due attention on the other side of the Atlantic.

We shall be enabled the more readily to obtain our own

## CORRESPONDENCE.

charter when we can stand forward as a body holding homœopathic degrees granted from such a highly respectable source as the College of Philadelphia. We should at all events, under such circumstances, have a far stronger claim upon Parliament, and a much better chance of our appeal being listened to, than if we merely possessed allopathic diplomas and degrees which confer upon us no legal right whatever to assume the title of homœopathic Doctor. A gentleman writing to me, Jan. 1st, 1866, for information says—"if every practitioner who adopted the new method also sought a licence for the same, it would tend much to enhance the value of the American degree, which is not at present registered by the new Act." It is gratifying to know that others entertain the like opinion if I am to be guided by the number of applicants, many of whom are now qualifying for the examination.

I may as well add that no candidate need present himself for examination who does not know the *Organon of Hahnemann* from board to board, and the first vol. of his *Chronic Diseases* most thoroughly.

It is my further intention to recommend the Faculty at Philadelphia to exact from gentlemen possessing allopathic qualifications, that they shall have attended a homœopathic hospital or well-worked dispensary, from 6 to 12 months before they present themselves for examination, as I find most practitioners who have been solely educated in the allopathic school sadly deficient as regards the manner in which they require to set about their work as homœopaths.

The fee payable to the College at Philadelphia, for the degree of M.D. and Doctor of Homœopathic Medicine, is 185 dollars. I hope I have now communicated all the information necessary, in regard to the Pennsylvanian degrees, calculated I trust to maintain and elevate the position of every true homœopath.

I take this opportunity of stating that the Westminster and St. George's Homœopathic Dispensary, which I direct, is open on Wednesdays and Saturdays from 5 A.M., where I am at all times most happy to assist earnest students in their new enquiries.

I am, Gentlemen, yours faithfully,

22, Brook-street, Grosvenor-square.

D. WILSON, M.D.



## CORRESPONDENCE.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Having taken some interest in the disease at present destroying our cattle, may I venture on your space to make a few scattered remarks.

And first, as to the Association that took the field in Norfolk to cope with it. The medical members of that Association undertook to issue directions for the treatment of a disease that probably not one of them had seen; for it is very questionable if Dr. Hamilton saw it in Holland, though of his perfect good faith in the report he brought over no one, who knows his high and honourable character, for a moment doubts. But before committing Homœopathy by challenging attention to it, and vaunting its powers, prudence would have dictated a trial of what it really could accomplish.

The next mistake made was using the name of the British Homœopathic Society, for whatever these gentlemen might have done in their private capacity, many members of our profession feel that a society holding the position that this does should not use its name in a way compromising the whole homœopathic body; and that when it speaks authoritatively it should, at least, be master of the subject with which it has to deal.

From what has been stated, it would appear that the disease was milder in Holland than in this country; and that possibly here it presents some symptoms with greater prominence than others in different localities.

As to the result of Homœopathic treatment, though Norfolk has been a fatal field, yet it is cheering to learn that in York Mr. Pope has met with some encouragement that his further experience will no doubt increase. It is said that he shows a return of 33\* per cent. cured.

Dr. Wilson, of London, has also met with a fair share of success. And here let me make a remark or two upon the value of his observations. In the cases that he met with before the establishment of the Association, he found evidence during life of the existence of certain morbid sounds in the lungs, and several post mortems led him to attach much importance to them. He may, possibly, have met traces of pneumonia sufficiently often to lead him to expect to find it more frequently than it is found. But the great value of his paper is this, that a man in charge of cattle, if of ordinary intelligence, can be taught to detect the disease it may be two, three, or four days earlier than he would otherwise do if he trusted to his eyes alone. For instance, if some beasts have

\* The *per centage* of cases in York is higher than here stated, viz., between 40 and 50.—[Eds. M. H. R.]

## CORRESPONDENCE.

been within reach of becoming affected, by counting the number of respirations, and applying the ear carefully over the chest, the increased frequency of the one and the morbid sounds of the other—crepitation, tubular breathing, or other sounds not found in a healthy state—will show that the disease is steadily advancing, so that treatment may be begun much earlier than it otherwise would. Dr. Moore's attack on Dr. Wilson, and the letter signed R. in another journal, are written with so marked an animus of undervaluing anything coming from Dr. Wilson that they carry no weight; indeed, R. is confessedly but little versed in the subject of which he writes.

There is one very important matter, to which it would be well that more attention were paid. The paunch is found after death distended with food; which remaining so long a time fermenting or macerating in the stomach does serious injury; the third stomach is packed with hardened food like cakes. Veterinarians are, I believe, able to empty the paunch by the stomach-pump, by forcing in water. If I am correctly informed about this, for I have been unable to get it carried out, I should advise its being done at the commencement of treatment, as one trouble is thus got rid of, and the gruel that may be given as food has a better chance of softening what is in the third stomach.

It has been urged by different gentlemen that it would be well to try massive doses. I have little doubt this has often been done, with what results we may learn when some of the forthcoming reports see the light. I would urge that both high and low be tried, but with carefully selected and not painful remedies.

I am, sir,

Yours respectfully,

SPECTATOR.

[Dr. Hamilton, as we understand, went to Holland, not for the purpose of studying rinderpest, but to ascertain from official sources the data upon which Mr. Caird's report, published in *The Times*, was based; and the medicines which had been found useful. This he did, and the results are to be found in the last number of the annals of the *Brit. Hom. Soc.* At the time he was in Holland M. M. Seutin and Gaudy had left. All the animals in Mattenese were healthy. The action of the Association was based upon the Holland trial. The remedies proposed were put forward with all modesty, as witness the following extract from the circular issued:—

"The directions now issued are not put forward as prescriptions which profess to be a certain cure of the disease. They are founded on a knowledge of remedies the action of which has

## FOREIGN LETTERS AND JOURNALS, ETC.

been observed in man and animals both in health and disease; and which, in Holland and in this country, have already proved beneficial in the treatment of the Cattle Plague. The disease may alter its type and require a change of treatment, and more exact information may induce the medical section of the Association to modify their directions from time to time."

Doubtless it would have been better had the medical section formed part of the Association in their private and individual rather than their official character. But had they done so, would not some have then charged them with using the Association as an advertisement? Norfolk was truly a fatal field, and whatever the medicines given, whether in massive doses or high dilutions, whoever are the veterinarians, whether Mr. Moore or M. M. Seutin and Gaudy, every field will be equally fatal where animals are fed on raw turnips during the progress either of the disease itself or of convalescence from it.—Eds. M. H. R.]

Communications have been received from Mr. FREEMAN, Kendal; Dr. ANDERSON, Norwood; Dr. COCHRANE, Weston-super-Mare; Dr. STRONG, Ross; Prof. GEORGH, London.

## FOREIGN LETTERS AND JOURNALS.

WE have been compelled to refuse several foreign journals sent to us *insufficiently stamped*; on one occasion the extra postage charged upon a small French pamphlet was *four shillings and sixpence*, and an American *Observer* was presented us the other day with an *extra charge of eightpence*. Much as we value the kindness of foreign correspondents in sending us papers and magazines, we shall feel ourselves for the future compelled to reject all unpaid or insufficiently paid journals or letters.

## REMOVALS.

Dr. GUINNESS from Reading to CHELTENHAM.

Dr. TUTHILL MASSY from Wimbledon to READING.

## ERRATUM.

On page 21 of our last number, line 6 from the bottom, for Ammon. CARB. read Ammon. CAUSTICUM.

## BOOKS RECEIVED.

*British Journal of Homœopathy*, January 1866.

*The American Homœopathic Review*.

*The American Homœopathic Observer*.

*The Hahnemannian Monthly*.

*Bulletin de la Société Médicale Homœopathique de France*.

*Allgemeine Homœopathische Zeitung*.

*Neue Zeitschrift für Homœopathische Klinik*.

*Fistula in Ano*, by J. PATTISON, M.D. London, Turner and Co.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON HOMŒOPATHY.

WE wish to draw the attention of our readers to two articles upon "Homœopathy," from the pen of Dr. Meryon, which appeared in the *Lancet* for February 10th and 17th.

There are many points to which we feel bound to advert, before entering upon any lengthened discussion on the scientific questions involved in these papers.

One of the most prominent of these is the evidence they contain of the entire ignorance pervading the allopathic ranks as to the aim, the scope, nay, as to the very essentials of the homœopathic Art and Science as practised in the present day. This is the necessary result of the *Trades-Union policy* adopted by Allopathic Medical Societies and Periodicals to the *ever-lasting disgrace of the allopathic physicians and surgeons* of our day. It has been well rebuked by Archbishop Whateley in his Letter "on Medical Trades-Unions," which he concludes with this remarkable passage.\*

"In the midst of the disgust and shame which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the systems denounced to see that there

\* See *M. H. Review*, Vol. VII. p. 38.

## ON HOMŒOPATHY.

is something of a testimony borne to them by their adversaries, who *dare not* trust the cause to the decision of reason and experience, but resort to such expedients as might as easily be employed for a bad cause as a good one."

Through their *abject fear* lest homœopathy should be proved to them to be the truth, the allopathic Medical Societies have, in the first place, expelled such of their body as have dared to look into the system, and who have, *in consequence of their experimental observations*, borne their testimony to the truth of homœopathy; but finding that this failed to *stamp out* the truth, they next threatened to expel any of their members who should meet, the already *ostracized* men, *in consultation*.

The effect of this strict *blockade* has been, what? To injure homœopathy?—No. To prevent the public from appreciating its blessings?—By no means. What then? It has kept the knowledge of homœopathy out of allopathic Medical Societies, and excluded all fair discussion on the subject from their Societies and Journals.

Thus, when an allopathic physician, who really desires to elicit truth with regard to homœopathy, sits down, as Dr. MERYON has done, to write a criticism upon the system, he is in the same position as a learned PEKINESE would be, who should sit down, in the capital of China, to write an essay on "England and the English:" on a nation whose inhabitants he had never seen; on a country which he had never visited, and with whose literature he was utterly unacquainted, having for his whole library, let us say, Shakspeare.

Now conceive this CHINAMAN sitting down, and from a cursory study of SHAKSPEARE depicting the manners and customs of the English in 1866. Taking, perchance, Falstaff as the type of the English gentleman, and severely criticizing the English, and condemning Christianity from

## ON HOMŒOPATHY.

the manifold immoralities depicted by Shakespeare as existing, in his time, among Christian princes and peoples. Yet this is just what we see in the papers before us. Dr. MERYON has criticized homœopathy whilst having but a very imperfect knowledge of its true principles. With Hahnemann's *Organon*, *only*, before him, he has very gravely misrepresented even Hahnemann's ideas. And, further, he shews the most utter ignorance as to the practice of homœopathy in its present state of development, and a total want of knowledge of the homœopathic literature of the past FIFTY years. Dr. MERYON has not even the excuse the PEKINESE might fairly urge, which the difference in our language, the distance of our country, and the paucity of English books as yet translated into Chinese, affords him. Dr. MERYON had but to look into our current literature, to see that many of his statements are *totally without foundation*. If we thus strongly insist upon Dr. MERYON's *ignorance of homœopathy*, it is because it is the only plea upon which can absolve him of a far greater breach of moral obligation. There are but two explanations of the gross errors which we shall hereafter discuss. Total ignorance, or wilful and slanderous misrepresentation. We cannot and will not deem him capable of the latter.

What we here say as to Dr. Meryon, applies equally to other allopathic adversaries. Many of them are good and upright men—we wish to give them every credit for their goodness and probity *in all relations of life but one*, and that is, in their conduct towards those physicians and surgeons who practise homœopathy. It is clear that their conduct, in this, is most reprehensible, since a high dignitary in the church (who from his very position could look calmly down upon the Battle of the Doctors) denounces these proceedings of the allopaths as provoking nothing but “disgust and shame” in his mind. When

## ON HOMŒOPATHY.

homœopathy is the question, these otherwise good and upright allopaths, shamefully break the laws of their country, and combine in a *Medical-Trades Union* to make that LAW of none effect, which gives us perfect liberty to practise "any theory of medicine or surgery" which may seem best to our judgment.\*

When homœopathy is in question, men, otherwise honourable, utter baseless slanders upon those practising it. That these strictures are not without full justification we subjoin some extracts from Dr. MERYON's paper, and can only express our deep regret, that he should have made such charges without first enquiring into their foundation. The most cursory acquaintance with the homœopathic literature of the day, would have made it impossible for him to have published statements, so injurious to the body of physicians and surgeons practising homœopathy. Though we acquit Dr. Meryon of deliberate misstatements; yet, we cannot think any man free from blame, who invents, or repeats, injurious reports of his professional neighbours, without having first assured himself on the best and most conclusive evidence that they are true. On page 171, (*Lancet*, Feb. 17), he says :

"I will further add that homœopaths themselves shew a want of faith in their system; for they dare not trust to it when the torture of Asiatic cholera produces coldness, cramps, prostration, and collapse, or when asthenic syncope threatens immediate extinction of life. The administration of chloroform, camphor and ammonia naturally suggests the question whether chloroform, or camphor, produces the cramps and collapse of the one, or what dose of ammonia will produce symptoms which simulate the prostration of the other?" . . . "Finally, it may be asked if the cases, as reported by homœopathic practitioners, can be accepted as evidence of their system as opposed to another? They repudiate morbid anatomy, the only test of

\* See Section 23, New Medical Act.

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correct diagnosis, whereby it is possible to compare general principles by individual cases, and trouble themselves only with groups of symptoms, which are sometimes ambiguous, even to those who judge of them in relation to other phenomena; so that a simple stitch in the side, in a nervous individual, may be magnified into a case of pleurisy, and a colic into peritonitis." . . . . . "On this account no subject is more fertile of false tests, irrelevant arguments, or fallacious proofs, than a medical one; and therefore it is, that whilst a sense of duty enjoins respect for the opinions of those who are honest in the cause which they profess, it also commands an expression when those opinions are found to be erroneous, especially when the facts which are adduced to support them are strained and perverted. They were found to be so in the returns relative to the treatment of cholera at the Homœopathic Hospital which were sent to the Board of Health in 1854, many cases having been put down as cholera which were not so; and therefore was the entire report wisely rejected."

We are almost wearied with fighting this persistent Allopathic ignorance; nothing but the total disregard of the common maxim, "study both sides of a question before you debate upon it," could have led an honourable physician to make statements, so totally unfounded. Our readers will find by referring back through the pages of our *Review*, that charges, such as these, periodically appear in the *Lancet*, and have been over and over again refuted, line for line, and statement for statement, documentary evidence having been adduced to shew their utter falsity. But, they crop up again every time an Allopath writes upon Homœopathy. Why? Is it from a love of intentional and deliberate falsehood on the part of our opponents? We don't believe it. It is because the *Lancet* admits these misstatements, in any quantity, but, hitherto, has refused to allow their contradiction to appear in its columns. Because, also, homœopaths being ex-



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cluded from Allopathic Medical Societies, a man who makes a misstatement believes himself free from the exposure of his error. We challenge Dr. MERYON to prove one single assertion given in the above extracts from his paper. There is no pretence for the assertion that homœopathists "dare not trust to it (their system) when the torture of Asiatic cholera produces coldness, cramp, prostration and collapse." The simple answer is, *they do trust to it*—and any one conversant with our literature, or our practice, is aware that *camphor*, *cuprum*, *arsenicum*, *veratrum*, *ipëcacuanha*, and a few other medicines are used by homœopathic physicians in all parts of the world in the worst cases of Asiatic cholera. With regard to Dr. MERYON's assertion that the cases treated in the Homœopathic Hospital in 1854 were not cases of cholera, this is also a misstatement, the proof of which, fortunately, is vouched for by the *Allopathic Government Inspector*, and is to be found recorded in the Supplementary Blue Book on Cholera.

Dr. MACLOUGHLIN (the Inspector above adverted to) a man whose long experience of cholera in India, well qualified for his post, wrote to HUGH CAMERON, Esq., "*that there may be therefore no misapprehension about the cases I saw in your hospital, I will add that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other.*"\* The reason, too, for the rejection of these returns by the Medical Council was other than that stated by Dr. MERYON. The true reason was jealousy of the superiority shown in the Homœopathic Hospital returns; for, while the Allopathic returns shewed a death rate of 36.2 per cent., the Homœopathic death rate was

\* See Letter from Dr. MacLoughlin to Hugh Cameron, Esq.—Cholera, Parliamentary Paper, p. 5.

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only 16·4 per cent. ; hence the *Medical Council* passed the following resolution : “ *Resolved*—That, by introducing the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice alike opposed to the maintenance of truth and to the progress of science.”\* Not one word is here stated as to “many cases having been put down as cholera which were not so ;” on the contrary, their answer amounts to a protest against the acknowledgment of the homœopathic cures, because such acknowledgment would give their *sanction* to homœopathy. We ask every impartial man, “shall we believe Dr. MERYON’s *unsupported assertion*, as to matters occurring in 1854 ; or shall we believe the documentary and parliamentary *evidence* of Dr. MACLOUGHLIN, an *eye-witness of competent ability and himself an allopath* ?”

*Lastly*, as to the assertion that homœopathic practitioners *repudiate pathology*. It is exactly on a par with the Frenchman’s assertion that “Englishmen are in the habit of selling their wives in Smithfield,” or with the Chinese accusation against the Medical Missionaries, that they amuse themselves by “picking out children’s eyes.” The charge has so slight a foundation as scarcely to need denial from our pen. We need not go further than to refer Dr. MERYON to the able series of papers from Dr. Meyhoffer’s pen, the first of which appeared in our last number. A perusal of the *Annals of the British Homœopathic Society*, of the *British Journal of Homœopathy*, of our own pages, of Dr. Russell’s “Clinical Lectures,” or indeed of almost any of our more modern literature would convince Dr. MERYON of the injury he has done to his

\* See Letter to the Secretary to the Board of Health, signed JOHN AYRTON PARIS, *President*.

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pains-taking and hard working brother labourers in the field of medical truth; and if he have the generous sentiments, for which we gladly give him credit, he will hasten to withdraw the aspersions so unjustly cast upon them from his pen.

Can Dr. Meryon really believe that the 230 registered physicians and surgeons who practise homœopathy in Great Britain use no other mode of examining a patient, than the asking of them a detail of their own sensations? Does he honestly believe that they make no examination as to the tongue, the state of the pulse, the condition of the evacuations; that they discard the use of the stethoscope, the laryngoscope, the microscope; the aid of chemistry and of the many other scientific appliances used for the more accurate diagnosis of disease? Does he suppose that, in fatal cases, they do not make *post mortem* examinations? *If Dr. Meryon really believes all this, he is not a fit man to write a criticism upon homœopathy.* Our patients will bear us out in the assertion that no men, as a rule, examine a patient so carefully, so minutely and so conscientiously as do the physicians or surgeons practising homœopathy. On the other hand, if Dr. Meryon wrote the above lines, having a full knowledge of the subject he had in hand, then he wilfully and deliberately and foully slandered men his equals in every professional respect, and who, if he has committed so grave a moral offence, remain infinitely his superiors in all the essentials which make the man, the Christian gentleman. We will not admit so injurious a supposition, but will prefer to set him down as one who, without a proper amount of previous knowledge of his subject, entered upon the task of a critic, and has of necessity made a miserable failure.

We cannot, from our press of other matter, in our present number point out all the scientific errors of the paper under consideration; they are not less grave than those

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which have been committed against general morality. But we cannot forbear from pointing to the *four propositions* which, according to Dr. Meryon, embody the "entire system of homœopathy."

1. "That medicines have the inherent, *unconditional*\* and absolute power of exciting disease.

2. "That the *pathogenetic* effects of medicines are developed and infinitely increased by trituration and subdivision.

3. "That the *nature* of disease is dynamic and immaterial.

4. "That the curative power of medicines is founded upon the property which they possess of creating symptoms similar to those of the disease itself; in other words, '*Similia similibus curantur.*'"

Dr. Meryon having thus stated four propositions, each embodying grave and patent errors, has, of course, not the least difficulty in proving their fallacy. Just as a man might vaunt his power to prove that arithmetic was an absurdity, in these terms:—

"Arithmeticians state that '*two and two make five.*' Now, gentlemen, you will see that if I add my first two fingers to my last two, there are only four; hence it is clear that the science of arithmetic is shadowy and false."

But inasmuch as no arithmetician ever did state that two and two make five, *the whole absurdity lies in the brain of the proposer.*

Some years since there was a sham SEBASTOPOL erected in one of the suburban gardens of the metropolis, and huge placards announced in red and green characters, "SEBASTOPOL TAKEN EVERY NIGHT," AT THE SIBERIAN GARDENS (or wherever it might be). Crowds of enthusiastic Londoners went, night after night, to witness their country's triumph, which was as grand as fireworks and

\* The italics here and in the following propositions are our own.

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painted batteries could make it. Now the *Lancet* may fairly placard London with "HOMŒOPATHY DEMOLISHED EVERY WEEK, IN THE 'LANCET;'" for a certain and easy victory is ensured, when a sham fortress is erected with boards, made to tumble to pieces at the word of command. This mode of fighting possesses the advantage of giving much display at very little cost or danger.

Dr. Meryon's paper being based on a thorough misconception or mis-statement of the principles of homœopathy, would merit scant notice at our hands, were it not that it is calculated to mislead those who have never read or studied or discussed the real principles of homœopathy.

It is true that Dr. Meryon might, by a little special pleading, make it appear as though HAHNEMANN had held the views stated in the four propositions before us; but, even if Hahnemann had done so (which we do not concede), it would not alter the fact that Dr. Meryon misrepresents "homœopathy," in speaking of it as based upon the four propositions above given. He is writing of the *present*, not of the past. His subsequent remarks shew that he is criticising the practice of the physicians and surgeons (homœopaths) of to-day; and he has no more justification for the attribution of such absurdities to us, than we should have were we to criticise allopathy in this wise:—

"The entire system of allopathy is expressed in the two following propositions:—

"1. Diseases are either hot or cold, moist or dry.

"2. All diseases are to be cured by applying opposite remedies. If a man is too cold, heat him; if too hot, cool him; if too moist, dry him; if too dry, moisten him."

At one time that was the "whole art of allopathy;" but Dr. Meryon would not think it an ingenuous (though it might be an ingenious) way of fighting our battle, were we to attribute to him and his friends such an old-world theory of medicine.

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The *first proposition*, viz., "that medicines have an inherent, unconditional and absolute power of exciting disease," is in direct opposition to the 116th, 117th, 121st and several other sections of Hahnemann's *Organon*, as well as opposed to the teachings of all homœopaths, so far as we know.

The second is simply absurd. No homœopath ever asserted that medicines were made infinitely more *poisonous* (pathogenetic) by trituration and subdivision, but the contrary except in the case of the first triturations of some mineral substances, where increase of power is due to rendering that soluble which was hitherto insoluble,—a power which is conceded by all allopathic as well as homœopathic authorities.

The third proposition is also mis-stated, and should have been expressed thus:—

"That the *causes which produce* disease are for the *most part* dynamic and immaterial."

The fourth proposition, though it represents Hahnemann's idea more fairly, does not represent the opinion of homœopaths of our day. It should have been thus put:

"That our *knowledge of the* curative power of medicines is founded upon the property which they possess of creating symptoms similar to those of the disease itself; or, in other words, *similia similibus curantur*."

If to these two propositions had been added the following, a tolerable picture of practical homœopathy would have been presented, viz., "That the cure of disease is best effected by the administration of that drug which produces subjective and objective symptoms most nearly corresponding to the symptoms of the disease as revealed to us by the sufferings of the patient and by the pathological changes present.

"That such drug should be administered in a dose, large enough to control the symptoms of the disease, but

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not so large as to disturb the patient or to induce any pathogenetic symptoms.

"That no two medicines should be mixed together before administration to the patient."

In the further development of Dr. MEYRON's article there are several points which deserve discussion, and to which we intend to advert in a future paper.

## CLINICAL OBSERVATIONS ON DISEASES OF THE RESPIRATORY ORGANS.

By Dr. MEYHOFFER, Nice.

(Continued from page 82.)

*Pharyngo-laryngitis Catarrhalis*.—Mme. B . . . ti, a public singer, consulted me for the first time on the 12th of Dec., 1859. Before that period she had been engaged as prima donna for six years at several Theatres in Italy; about three years ago at Florence she was seized with a cough and spitting of blood, produced, according to her opinion, by violent grief, and having nothing to do with her vocation as a singer. She was obliged to give up opera singing for more than a year, and came afterwards to Nice for the season 1858-59, where her singing, as well as her dramatic talent, called forth universal admiration, and she was re-engaged for the following season 1859-60. In the month of November, when about to start from Turin for Nice, she was taken with inflammation of the throat and bronchitis, and placed herself under homœopathic treatment: she was obliged to start for Nice, before her health was quite recovered, to fulfil her engagement, and again took cold on the road; in spite of the irritated state of her throat on her arrival, she hastened to attend the rehearsals. The result of this was great hoarseness, which rendered her totally incapable of singing, and made her ask me for advice.

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*Status præsens.*—She is of a delicate constitution, nervous temperament, and dark complexion; the chest is well formed. The voice is hoarse, and patient is unable to produce a single intonation; she complains of difficulty of swallowing, and of a feeling as if the larynx were enlarged and swollen, and pressure on the crico-thyroid ligament provokes pain. Slight cough attended by the easy expulsion of small quantities of greyish globular mucus; speaking causes tickling in the larynx, followed by short fits of coughing. The local examination shows the arches and the pharynx inflamed, the tonsils swollen, and the uvula relaxed; the pharynx is streaked with varicose veins and partly covered with mucous patches of a greyish white. Percussion reveals under the left clavicle between the first and second ribs dulness extending over the size of a crown-piece, and auscultation elicits at the same place absence of the vesicular murmur, harsh inspirations and prolonged expirations; dry or mucous râles can nowhere be heard. The hands are cold, the pulse 80, small and feeble; the skin moist with tendency to perspiration on the back. The digestive functions in perfect order. The patient was very anxious to be able to make her first appearance at the Opera on the 14th; having been accustomed for some years to homœopathic treatment, she did not doubt in the least being able to realize her desire, and even to attend the rehearsal the next morning, though I expressed myself doubtful on the subject. In order to give the voice entire rest, I forbade her to receive any visitors, and ordered her a light but nourishing diet. The hoarseness and mucous secretions caused me to choose *hepar sulph.*

Presc.—*Hepar sulph.* trit. 3, gr. j. tal. dos. No. 4, one powder to be taken every four hours.

On the evening of the same day the voice had already become much clearer, and on the morning of the 13th her



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vocalisation, *mezza voce*, was perfectly clear, going up to *a* above the line, but was not able to reach *b*; notwithstanding, she persisted in going to rehearsal, having taken according to my desire one powder half an hour before going. On the 14th Mme. B—— made her first appearance in the *Traviata* having quite recovered her voice.

Meanwhile the anxieties to which she had been a prey for years having increased, her naturally delicate constitution became weaker, and the power of her voice visibly diminished; every day brought greater difficulty in producing the higher notes, to which ultimately it became impossible for her to attain.

Jan. 4th. She called me in to see her; she complained of general weariness, as well as of the diminished compass of her voice, which was reduced to the middle notes; when she tried a higher scale, she felt a sort of "pressure in the trachea which deprived her of breath;" there was no cough nor change of voice, neither any morbid sensations in the vocal organ, except that even speaking required a great effort. The local examination of the fauces and pharynx is productive of a negative result, but we observed a considerable swelling of the thyroid gland on the right side of the throat, which extended as far as the isthmus of the same, producing thus a slight protuberance below the larynx. The swelling of the gland was evidently owing to the efforts she was obliged to impose on her respiratory muscles, in the exertion of the parts assigned to her, to which her strength was no longer proportioned. The effects of a prolonged and energetic expiration on the vena cava sup. are too well known not to furnish an easy explanation of the swelling of this essentially vascular gland; the latter was moreover everywhere elastic; no hardness was to be detected; we judged that this swelling must have caused the pressure on the tracheal artery, and hindered the production of certain sounds, I prescribed

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therefore *spongia* 3, one drop every two hours; at the same time I ordered the patient pale ale to be taken with her meals. On the 6th the size of the gland had already considerably diminished, and the singer could again produce with facility all the notes within the compass of her voice. Continuing the rest of the winter to drink beer, helped her to be able to finish her season's engagement without missing a single performance. If she sometimes found her larynx tired and was scarcely able to play her part, a dose of *causticum* enabled her to fulfil her task. This medicine has rendered us often great service in loss of voice in singers, which results from weakness brought on by too great exertion of the vocal organ; in these cases its effect is not less prompt than efficacious, and the artiste who during the day despaired of singing in the evening, has recovered the fulness of his voice after one or two doses of *causticum*: we have administered this remedy from the third to the 12th dilution with the same success.

It is a fact worthy of remark, that the greater number of singers, as well as members of other professions of which the vocal organ constitutes the principal resource, such as clergymen, barristers, professors, teachers, actors, &c., apply in preference to homœopathic physicians, and abandon in increasing numbers the treatment of the official schools. This preference may be explained by the testimony of those who have been obliged to pay dearly for their experience under the care of our brethren the allopaths. It is generally agreed that singers of the last 30 years do not enjoy beyond six or seven years a perfect condition of voice. This results in great measure from the medical treatment to which they have been submitted under the allopathic system. Nitrate of silver, croton oil, poultices, astringent and softening gargles, have very often increased the evil which they were intended to cure. However another source, not less productive of affections

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of the windpipe in singers, is the rarity of good teachers of the art; few of whom have studied in a serious way the physiology of the vocal organ, and only teach singing by a routine which has made them but very mediocre singers; and having no idea of the different groups of muscles which govern respiration, permit their pupils to vocalise, the body compressed by stays, thus preventing the full play of the diaphragm and the abdominal muscles, which necessitates greater fatigue to the vocal chords; this is also the reason why so great a number do not know how to use the chest voice, and only sing from the throat. The harm which inefficient professors do their pupils is not confined to these limits alone, they often, more to satisfy their own personal vanity than with regard to the real extent of compass of the pupil's voice, strain the latter, to add a note or two more to its registers, and thus destroy it entirely in many cases. On the other hand, in many instances, the rapid loss of voice experienced by young singers of the present day, may be imputed to the ignorance of modern composers, who, instead of studying the natural construction of the human voice, and adapting their vocal musical creations to the display of its wonderful and varied powers, endeavour to force it to the execution of difficult instrumental passages, entirely unfitted for vocal performance, and therefore ineffective, even when conquered by hard practice, and performed with all the correctness of a violin or a clarionet. With orators other causes induce similar effects on the windpipe; in many cases hereditary weakness of constitution in general, or of the respiratory organs in particular, should have prevented individuals affected in this way following an avocation for which their organism had rendered them unfit; others fatigue and over tax the larynx from not knowing how to control their breath; while a great number of preachers and barristers do so, in endeavouring to replace by arti-

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ficial tones of pathos the genuine sentiment of which they are devoid.

We cite the following case, as one of many instances, to illustrate what we have advanced in the preceding lines.

Luigi C . . . i came to consult me for a hoarseness, on February 15th, 1863. He is 30 years of age, of a strong build, broad shouldered, chest well developed, of middle height, and sanguine temperament. He came out, five years ago, as a baritone, at one of the minor theatres in Italy. Afterwards, under the belief that his voice possessed the tenor registers, he sang music which forced it beyond its natural limits. The last two years he was engaged as baritone at the Scala, at Milan. For six months he had been obliged to give up singing altogether on account of the loss of voice, of which he still complains. Several cauterisations with nitrate of silver, the use of the Ems waters were tried without the least beneficial result. He came to Nice in January, 1863, and was recommended to me by an opera singer of this town. The voice of this patient is husky, without depth or metallic tone; he vocalises a few chest notes with great clearness, but as soon as he attempts those in a higher key his voice fails him, and he can only produce harsh or sharp sounds. Otherwise, he complains neither of pain or any peculiar sensations in the throat or larynx, nor has he any cough or expectoration. Laryngoscopic examination reveals swelling and relaxation of the superior vocal chords, which are of a pale bluish red colour. During regular respiration the glottis takes temporarily the form of a lozenge, and the vocal chords are seen to distinguish themselves by a whitish yellow from the surrounding parts, which are of a reddish tint; on each side of them a little furrow indicates the ventricles of Morgagni; and beyond these, still further from the centre, are the upper or false vocal chords, when in normal position. Now, in our patient, the latter are

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found to be almost on a level with the glottis ; and when he tried to produce the higher notes the false vocal chords closed one against the other instead of remaining separate, as is the case in the normal state, and thus prevented the formation of sonorous and regular vibration. The general state of this patient's health is good ; he has never had any cutaneous affection, but he has observed the formation from time to time, at long intervals, of small hemorrhoidal tumours.

Evidently, in this case, the loss of elasticity of the upper vocal chords has been caused by an injudicious straining of the voice, for nothing in the general state manifested a reason for their weakness ; on the contrary, the whole organism gave the idea of energy and strength.

The question then was, can we cure, and by what means, this local muscular paralysis, so entirely bereft as it was of concomitant symptoms which might have facilitated the choice of medicaments. We possess a large number of medical agents, which, in their pathogenetic effects, produce alterations in, and even loss, of the voice ; but these are always accompanied by symptoms which indicate an inflammatory action, or nervous phenomena, of which there are no signs in the present case. Nevertheless, we wished to try at least such of our drugs as are characterised by their direct influence either on the nervous system or on the muscles. We possess in *curare*, *sulpho-cyanate of potash*, and *strychnine*, poisons, of which the first, attacks the vital power of the motor nerves ; the second, that of the muscles ; and the third destroys the property of the sensitive nerves. The two first could alone be taken into consideration, and we began with the *sulpho-cyanate of potash*, 6, two drops morning and evening. At the end of a week there was no change ; neither did the 12th, 30th, and 3rd dilution produce the slightest

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effect. We employed next *curare*, in the same manner, but without better success.

Till now, there exists no proving of *curare* on the healthy human frame. As far as we know, the experiments made on animals have been executed by injection into the blood-vessels, or by subcutaneous applications; and the absorption of this poison by the digestive apparatus or other mucous membranes is regarded as inert, or only producing local paralysis. However, we wished to satisfy, with the consent of the patient, a physiological probability, justified besides by the principle of similars.

Having utterly failed in these attempts, we applied to an agent which, in analogous circumstances, and particularly in nervous aphonia, had been the most effective; that is to say, the directly localised faradisation. I followed in this case the proceeding indicated by Duchesme, in introducing the pharyngeal conductor isolated by india rubber, into the pharynx, immediately below the posterior part of the larynx. The second moistened conductor was placed externally on a level with crico-thyroid muscle, and while the apparatus was in action I turned the pharyngeal conductor so as to bring its small olive-formed extremity into contact with the posterior part of the larynx, and caused it then to move up and down. In this way the muscles posterior, crico-arytenoid, arytenoid, and crico-thyroid were successively and directly stimulated. I employed first an intermittent current of very moderate force and long intervals (one second), which was gradually increased in power and rapidity. The first trial only lasted six minutes.

At the end of the fifth experiment (one every second day, and each time increasing one minute) the voice of the patient began at times to be clearer; and after the tenth operation (never longer than ten minutes) it had recovered its normal tone of strength, and this singer

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could again vocalise, to his delight, in mezzo voce, his usual registers.

I wished to convince myself, with the help of the laryngoscope, that the former relaxation of the false vocal chords had given place to a normal elasticity; the swelling, as well as any other morbid sign had disappeared, and their posteriors during the vocalisation of the higher notes took again their normal physiological conditions. We advised Signor C . . . i to vocalise very moderately, and to avoid straining his voice, as well as to accept no engagement till several months had elapsed. At the present time he is engaged as baritone at the Turin Opera.

There is no need to insist on the importance of the laryngoscope, as considered only from a diagnostic and therapeutical point of view. Though we may in many cases establish our diagnosis without the use of the laryngeal mirror, there are as many, if not more, others in which it is the only means we have of ascertaining the nature of a disease of the larynx. It is true that the application of the laryngoscope encounters many difficulties; among which vomitings, local impediments by the posterior of the tongue, or unfavourable conformation, and inexperience of the observer are the most frequent. Yet by inducing the patient, so unfavourably disposed, to introduce a metallic instrument into the throat, so as to press the uvula against the pharynx, which can be done by the handle of a spoon, one may almost always succeed in overcoming these obstacles. Singers are generally easy subjects for observation. The following case will serve to substantiate our remarks.

Mme. N. de Ch . . . x, æt. 49, called on me February 6th, 1863, and related that she had suffered for four years from laryngo-bronchial catarrh, which the mineral waters of Ems and Mont d'Or (of which latter she had gone through two courses, 1861-2) had failed to cure. Although

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Mont d'Or, after having excited and temporarily aggravated the evil, brought on an improvement of the bronchial affections, that of the windpipe experienced no amelioration; neither did several cauterizations produce any permanent relief. She has two children, and the menses still continue to appear with great regularity. Suffered very frequently from nervous headache, accompanied by sickness and vomiting, which lasted always twenty-four hours, and was brought on by apparently the most trifling circumstances. She does not complain of ever having had any other nervous disease, but was always very impressionable and easily overcome by emotions. Her usual residence is Geneva, which town being much exposed to the north wind, and in consequence very cold in winter, she was ordered by her physician to come and spend this season at Mentone. Those who know the Riviera are aware that this town is situated quite on the sea-shore, and that the air there is always more irritating, in this climate, than at some distance from it towards the country. Mme. N., after a few days residence in Mentone, was taken with spasms of the throat, which she had not experienced for some time previously, and at the same time was troubled with sleepless nights. She came to Nice, and settled in the neighbourhood of Carabacel, the milder and more sheltered part of this place. Sleep returned to her, but if she wished to avoid bringing on spasms of the throat she was obliged to abstain entirely from speaking, or to speak in a scarcely audible whisper.

*Status præsens.*—Mme. N. is of middle height, with broad shoulders and well developed chest, of a nervous lymphatic temperament, with a tendency to *embonpoint*. She speaks in a suppressed tone, not because she cannot speak aloud, but that when she tries to do so she is seized with a violent tickling in the larynx, which brings on a dry spasmodic cough and constriction of the throat,



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besides such a sensation of dryness and burning as obliges her to remain for some hours quite silent, and apply a cold wet compress round the throat before these painful feelings diminish. Whether she speaks or not, she says she feels always a burning pain in the windpipe. Before coming south she suffered less, and could talk longer without pain. Any pressure, however light, on the larynx provokes pain and tickling. There is nothing to remark as to the chest or to the digestive organs. We tried to examine with the laryngoscope, but the patient had so little power over her tongue that we were obliged to abstain for the moment. For the present, we advised her to draw out several times a day her tongue with a handkerchief, and while holding it in this way to accustom the throat to the presence of the handle of a spoon.

*Prescrip.*—*Phosphor*, 6, gtt. iii., *aq. dist.*, 3 vi.; a dessert spoonful four times a day. Morning and evening, milk instead of tea or coffee; no alcoholic liquors permitted; and ordered her to spend the days as much as possible in the open air.

On the 8th the patient sent for me to tell me that instead of feeling better she was worse; that the burning sensation in the windpipe, as well as the tickling, increased after each dose of the medicine, and that her nights were again sleepless. This, as well as the answers to my questions, she wrote down, and observed an absolute mutism. We tried again the laryngoscope, and this time, after some essays, with success. It revealed the whole mucous membrane of the larynx highly injected, a superficial ulceration on the right vocal chord, extending from the arytenoid apophysis to its middle. Prescribed only *sacchar. lactis*, one powder a day, and evaporation of wet towels in her room.

The 15th.—The nights are better; the various painful sensations in the larynx gradually diminished, and she begins to venture to speak in whispers.

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The 20th.—*Status idem.*

*Prescript.*—*Phosph.*, 15, two drops in six ounces ; one spoonful morning and evening.

The 30th.—Laryngoscopic examination discovers the disappearance of the vascular congestion, the vocal chords of a yellowish white, and the mucous membrane of a pale reddish colour. I find a scar, scarcely perceptible from its darker colour, in the place of the *ci devant* ulceration. The voice of the patient is restored to a clear tone, and she speaks now as if she had never had any affection of the vocal organ. Mme. N. remarked also that she had only one sick headache the last month, and not so violent as usual. In the following summer I saw this lady in Switzerland in perfectly good health.

(*To be continued.*)

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CASES ILLUSTRATING THE SUCCESS OF  
HOMŒOPATHY IN THE CATTLE PLAGUE:

WITH AN ACCOUNT OF THE NORFOLK TRIAL.

By JAMES MOORE, M.R.C.V.S.

Soon after the cattle plague broke out in London last June, I was consulted as to whether or not a preventive medicine could be given to healthy animals, and I experimentally prescribed *arsenicum*, 3rd dilution, 10 drops night and morning. On August 24th, in the first medical work published on the disease in this country, I recommended a trial of this medicine, without, however, expressing any opinion on its efficacy or otherwise. Some time afterwards a number of facts came to my knowledge, which seemed to prove that it really did possess no inconsiderable preventive power. For example, Mr. Heartley, Market Drayton, after losing 29 out of 32 head of young stock, lost one of his cows out of 36 standing in the same

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range, but after giving *arsenicum* as above, none of the survivors took the disease, and they remained perfectly well when I last heard of them, long after the date when the preventive treatment was commenced. Many other similar instances of the disease stopping, contrary to the rule, in a shippen on the administration of *arsenicum* might be adduced. Still later, however, I was informed of its having failed to protect, and then the question arose whether the *arsenicum* had or had not been given *before* the animals had become infected. Recently, I was called to a lot of valuable pedigree stock, which had been steadily taking *arsenicum* for two months, and yet the disease seized them in the most malignant form I have yet met with. Either, then, the *arsenicum* is without the slightest value as a preventive, or the disease has a much longer period of incubative latency than is generally supposed. On the whole, after considering all the facts of the case, and after some experience of the disease, I am disposed to doubt very seriously whether the claims of *arsenicum* can be allowed. The Dutch experience of it, during September, as a preventive pointed in the same favourable direction as my own early experience, but probably a wider knowledge of its action would make the Belgian veterinary surgeon and chemist hesitate to pride themselves upon doing so much more in the way of prevention than has been accomplished in this country by the very same agent. Yet *arsenicum*, although of no positive value as an infallible preventive, has not been useless. There is universal testimony, from every quarter where it has been given, in favour of its power on the general condition of the animal, which improves in appetite, in appearance of coat, and in the ability to give a larger quantity of milk; whilst young beasts have been observed to thrive unusually well whilst taking it. So far it is not without value, for it stands to sense that the

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more vigorous an animal is, the less likely will it be to take the disease, or to die from exhaustion if attacked. On the whole, my conclusion is, that a really preventive *drug* has yet to be discovered, and I very much question, taking into consideration the history of all past epizootics, whether the extension of the cattle plague can be prevented so long as the dispersion of contagious matter has free scope.

In the pamphlet already mentioned, and entitled *The Cattle Plague, with Suggestions for its Treatment by Homœopathy*, I pointed out to the public what I considered to be the medicines most likely to be successful; stating, likewise, that whilst the disease was not absolutely incurable, a considerable proportion of cases would die in spite of all that could be done. When the pamphlet was issued, I spoke rather from theoretical grounds than from practical experience, for at that time the treatment proposed had not been tried sufficiently to justify the expression of a decided opinion. During the subsequent two months, September and October, I was enabled to test the value of the treatment on a larger scale than had been possible previously. In many cases my advice was requested, and the treatment put into operation, but in London the cattle-owners were either foiled by the inspectors' orders, or sold out their diseased stock at a great sacrifice; so that in the reports which I am about to give, I must necessarily exclude many cases in which the treatment was not tried beyond a day or two, although there seemed at the time of sale or of slaughter a very fair prospect of a successful issue. Up to Nov. 1st, 1865, I was able to collect 72 cases of the cattle plague, which had been treated either by myself, or by others according to my private or public instructions; the result being that 52 recovered, 14 died, and 6 were slaughtered, probably on the eve of death. These facts were first made known

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to the medical profession at the discussion which followed the reading of Dr. Hamilton's paper on the treatment of the plague in Holland, at the meeting of the British Homœopathic Society, on Nov. 4th last.

I now consider it advisable to lay before the profession and the public a brief description of these cases.

1. Mr. D.,\* Belgravia, called me in on Aug. 30th last. I found 9 head suffering from the plague, with well-developed symptoms. In Case 1 the pulse was 72; respiration 50; crepitation in left lung; the membranes of the eye and nose reddened; the nasal wings swollen; the muzzle spotted with purple-coloured spots; running from nose and eyes; the vagina reddened; the appetite and lacteal secretion diminished; cudding suspended. This case had *bell.* and *bry.*, was better next day, and gradually improved. Cases 3, 4, 6, 8, 9 presented similar symptoms, and got the same medicines. Cases 2, 5 and 7 had, in addition to the foregoing symptoms, liquid diarrhoea and crepitation in *both* lungs. They were put under *bell.*, *arsen.* and *phos.* Of these 9 cases 3 died, and 6 recovered. A homœopathic physician who has devoted some attention to the disease had attended several cases previously, and they all died.

2. On Sept. 2nd I examined a red cow belonging to Mr. A., Notting-hill, and found it suffering from well-marked symptoms of plague, such as discharge from eyes and nostrils; redness of the vagina in stripes; pulse 76; respiration 64; crepitation in left lung; little appetite; suspension of rumination; diminished secretion of milk, &c. This cow recovered under *phosph.* and *bell.* On the 4th

\* Where the name is not given in full, it is to be inferred that I have no authority to publish the facts; but, if necessary, the name and address can be ascertained from me.

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another cow was found to have the same symptoms, and recovered also under *phos.* and *bell.* A third cow was treated for a day or two, and then destroyed.

3. Rev. C. M. Ripley sent for me on Sept. 5th. I treated two of his cows for the plague, with *bell.* and *phos.*, and both recovered. Thirty others were put under *arsenicum*, and they escaped the disease for more than three months.

4. On Sept. 7th I saw two cows belonging to C. M., Esq., both presenting the characteristic symptoms of the disease in the most advanced stage. In one the pulse was imperceptible at the jaw, and in the other there was profuse diarrhœa. One died and the other was destroyed, after two days' treatment.

5. C. S., Esq., Lewisham, placed a cow under my treatment on Sept. 21st. It died two or three days afterwards. It had been ill several days before I saw it.

6. On Sept. 28th I saw 4 cows belonging to Mr. D., Bermondsey. Two of the cases were in a dying state, and were destroyed; the other 2 recovered. No. 1 had the following symptoms:—Pulse 72; respiration 60; crepitation in right lung; violent purging of thin, offensive fluid; eyes sunken, and discharging muco-pus; nasal membrane very red; discharge from nostrils; short cough; head protruded; milk gone; cudding suspended; vagina red and mattery. The medicines were *bell.* and *phos.* I was shown 10 *Dutch* cows that had recovered without any treatment. One of the cases I treated was a Dutch cow; it recovered sooner than the English cow.\*

\* The disease is milder and more curable in Dutch than in English cows. I know of 36 cases of Dutch cows, 23 of which got well without treatment. A parallel fact is unknown amongst our native stock.

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7. Sir Richard Dacres requested me, on Sept. 28th, to attend 3 of his cows. I found them at the point of death, but I nevertheless prescribed for them *bell.* and *phos.* Two died next day, and the third on the second day.

8. Col. Grant, Chislehurst. Four Dutch cows had previously died of plague, under the treatment of a local practitioner. On Sept. 28th, 4 heifers were placed under homœopathic treatment, and they all recovered. One was already recovering when I first examined it, and I prescribed *sulphur*; the other had *bell.* and *phos.* Two of the cases I did not see, but I was informed that the same medicines had proved successful. The owner had also blistered the throat of one; but that does more harm than good, in my opinion.

9. Mr. W., Chislehurst. On Sept. 28th I saw 2 cases. One had been ill several days, and the lungs were much congested. I prescribed *bell.* and *phos.* Next day I found the cow's head tied with rope to a beam, and a man pouring Condry's fluid down her throat. This case died. I cannot include it in these returns. The other case was in the fields with others; it was brought up, put into a comfortable place, and had *bell.* and *phos.* given to it. This case recovered.

10. Mr. B. wrote to me on Oct. 16th, stating that he had cured 12 of his own cows by my instructions, and had given *arsenicum* to his remaining 7 cows, all escaping the disease. He had also cured a neighbour's cow that had been condemned by a Government veterinary inspector.

11. On Oct. 21st I was sent for to see a cow belonging

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to Mr. B. It had been ill several days, and was severely purged, the discharge being mixed with clots of blood. I prescribed *merc. corr.*, which checked the flux; but the animal died a week afterwards.

12. On Oct. 21st Mr. Naylor, Moor Allerton, near Leeds, wrote to me saying that he had successfully treated one of his cows, by giving *arsen.* when the animal had running from the eyes and mouth, and loss of appetite and milk, and *aconitum* subsequently, when the breathing became quick and laboured. The other cows were placed under *arsen.*, and had escaped up to a time long past the incubation period.

13. Mrs. H.'s cow, visited on Oct. 26th, was one of the worst cases I have ever seen. It was enormously emphysematous all over, except the ears and tail,—so much so that the pulse could not be felt. The respiration was 80 per minute; there was great difficulty of breathing; the paunch was much distended; the nose poked out; and the *fæces* slimy. I saw little hope of this cow's recovery, but I prescribed a tea-spoonful of *liquor arsenicalis* and the same dose of *liquor ammoniac* every two hours alternately. I did not see the case again, but I was informed that, under this treatment, improvement set in at once and perfect recovery followed.

14. Mr. Edward Higgin, in his excellent pamphlet on the Cattle Plague, has tried my treatment, and he says he "has treated with some success his own cattle and those of his neighbours. Out of 28 cases, 25 were restored to health—the remaining 3 were in a more or less moribund state when they were first treated." Four of the cases relapsed and died.



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*Table shewing Results of Treatment up to Nov. 1st.*

No.	Owner's Name.	Total Cases.	Cured.	Died.	Killed.
1	Mr. D. ....	9	6	0	3
2	Mr. A. ....	3	2	0	1
3	Rev. C. M. ....	2	2	0	0
4	C. M., Esq. ....	2	0	2	0
5	C. S., Esq. ....	1	0	1	0
6	Mr. D. ....	4	2	0	2
7	Sir R. Dacres ....	2	0	2	0
8	Col. Grant ....	4	4	0	0
9	Mr. W. ....	2	1	1	0
10	Mr. B. ....	13	13	0	0
11	Mr. B. ....	1	0	1	0
12	Mrs. H. ....	1	1	0	0
13	Mr. Higgin ....	28	21	7	0
		72	52	14	6

It will be observed that up to this date the results of the treatment were fully equal to those that had been obtained in Holland. I go even further. My cases were unselected, many in an advanced stage, a few dying; whereas the Holland cases were, as Herr Vandyke subsequently certified, *selected*. I have not the least desire to pit the one treatment against the other. I merely state a fact.

After the foregoing experience I felt warranted in concluding that homœopathy could deal successfully with this dire pest, and that it might be possible to instruct farmers how to act on the spot when their stocks were attacked. Accordingly, I issued a pamphlet specially adapted to farmers, giving very plain directions as to the treatment and diet. In some parts of the country an attempt has been made to carry my instructions into effect. The Association formed in London likewise issued instructions of a similar kind, and for a similar purpose. I am now of opinion that it is not possible, for various reasons which have nothing to do with the treatment, to

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instruct the average run of farmers how they may cope with the disease successfully. They can not or will not detect the disease at the early stage, when it can be best treated; they can not or will not vary the remedy with alterations of symptoms; they can not or will not separate their animals, or keep their shippens clean and disinfected; and ninety-nine out of a hundred of them are not able to comprehend the prime necessity of nursing and dieting. The owners and their men equally persist in giving hay, straw and roots to plague-affected cattle, although warned that such food is positively hurtful. Such is my life-long experience of the majority, not only in the case of this cow disease, but in all others. If one single remedy could be discovered for all cases in all stages, if it could be given without any trouble and bought for nothing, and if no attention were required in dieting, clothing, cleanliness or ventilation, the remedy would become exceedingly popular amongst farmers. Nothing more and nothing less would answer.

I proceed with the narration of cases from Nov. 1st up to the present date.

1. On Nov. 2nd I was called by Mr. Towers, Portland-town, to see his stock. One cow had died three or four days before; 19 remained, all more or less affected; one which had recently suffered from pleuro-pneumonia was hopelessly ill. The owner sold 5 of these cases, although they were doing very fairly; he also sold 6 subsequently that had got over the disease, but did not give sufficient milk to pay him to keep them; 2 died; and 6 recovered. cases were kept. In this lot I consider that 12 recovered.

2. On Nov. 16th I visited Norfolk, having agreed with the Norwich Cattle Plague Association to treat cattle suffering from plague, on two conditions—firstly, that two

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veterinary inspectors should certify each case as suffering from the disease; and secondly, that no case placed under treatment should be killed. I visited four farms. At Mr. Reed's there were 22 cases; 18 were beyond recovery, and 4 were "registered" and prescribed for. At Mr. Allen's there were 5; 2 moribund, 1 not registered, and 2 registered. At Mr. Atkin's, 1 moribund and 1 registered. At Mr. Carman's, 1 moribund, 3 not registered, and 1 registered. In all, I prescribed for 8 registered cases, and 4, suffering from decided plague, the inspector would not register, on the ground that the disease was not "sufficiently developed"—an extraordinary condition, not mentioned in the original agreement. I never saw these cases again, because I found that the inspectors had resolved not to sanction the treatment of any cases that were likely to recover. In a letter in the *Times* of Dec. 29th last, "C" states that 21 cases were registered, that all parties were satisfied with the day's proceedings, and that the treatment proceeded. I say that these statements are untrue; and Mr. Cadge, surgeon, of Norwich, and correspondent of the *Lancet*, knows that he has stated what is not correct. I wrote a true statement to the *Lancet*, but, as might have been anticipated, its insertion was refused, and a shuffling notice of its receipt given. On Nov. 18th I went again to Norwich, and found that 2 cases had been killed. Whilst there, I was requested to see 10 cases belonging to Mr. Savory. My opinion was stated to be that only one was likely to recover. Mr. Robert Moore subsequently attended to them; they all died but one. He also attended Mr. Carman's 3 unregistered and 1 registered cases; 1 recovered. On Nov. 20th he also visited 6 cases, 3 being advanced. Mr. Pratt's 3 recovered—a fact which Mr. Cadge and his friends have studiously concealed. On Nov. 16th I saw 3 cases that had been successfully treated by Mr. Rapier,

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homœopathic chemist. One of the inspectors remarked that it was doubtful if they had ever been ill! although they had all the symptoms of plague, and one cow out of the same lot had been killed the day before by order of the government inspector. At about the same period Mr. Sayer, veterinary surgeon, of Norwich, treated 17 cases, 8 recoveries and 9 deaths being the result. He adopted the excellent plan of having his own man to attend upon the cases night and day.

3. Miss Taunton, Stockbridge, sent for me on Nov. 21st. The case was a valuable pedigree cow, that had been ill for several days, and treated by the owner, as for pleuro-pneumonia, with *acon.* and *bryon.* It had all the symptoms of plague. I prescribed *bell.* and *phos.* at first, and subsequently I prescribed by letter according to the symptoms furnished to me. This case died in a week after my first and only visit.

4. Mr. Farnell, Lee, requested me to attend a cow, on Dec. 28th. It was a case of plague complicated with pleuro-pneumonia of the right side. It had been well treated by Mr. Urell, homœopathic chemist. I saw the animal when the disease was at its height, and it afterwards steadily improved and recovered.

5. Mr. P., Holloway, put a cow under my treatment on Nov. 28th. Another case had died the day before, but I do not know whether it had been treated or not. The case which I treated was doing well when I last saw it; in fact, it was convalescent. Mr. James Moore, jun., subsequently called, and found the improvement maintained, and apparently nothing the matter. I was much surprised to hear by note that the cow had died suddenly several days after my last visit. I cannot account for this

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unexpected event, except by supposing that sufficient care had not been observed in diet.

6. Mr. C., Wimbledon, called me in on Dec. 31st. Three cases were ill. One had been bad several days; the other two were considered to be well, but I found on examination the usual symptoms of the disease. In all three cases, and particularly in one, there were well-developed pocks, round the roots of the teats, exactly the same as those of ordinary cow-pox. In addition, there was a large crop of small vesicles on the udder, which detached the cuticle. Similar vesicles were found in great abundance on the surface of the vagina, on the margin of the lips, and at the openings of the nostrils. All three died.

7. On Dec. 28th, I visited 15 valuable pedigree animals. Three or four had previously died. The plague had visited this place on Sept. 3rd, and two cases of recoveries are mentioned in this narration. One took the disease a second time and died. *Arsenicum* had been steadily given to the remaining lot. One of the 15 died the day after I saw it, and another on the second day. I never saw worse cases. Five recovered—a most satisfactory result under circumstances so unfavourable; the more so, as pedigree animals bear the disease worse than others.

8. Mr. B., Edgware-road, had 10 cases ill on Nov. 25th. Eight cases were killed for butcher's meat, and 2 recovered. Mr. B. visited a friend in Oxfordshire whose father-in-law had a bull ill from plague, and getting *bell*. He suggested *phos.* in addition to *bell.*; the same remedies as I had prescribed for his own cattle. The bull recovered. Mr. B's friend was visited by the disease on the night of

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his departure; these cattle were put under the same two medicines. Up to my last information the following are the results:—15 two-year olds, 6 cured, 9 dead; 6 one-year olds, 3 cured, 3 dead; 3 bulls, 3 cured; 12 cows, 11 cured, 1 dead. At the same period, Mr. Rolland and Mr. Walker, two neighbours of Mr. B.'s friend, cured, the former 2 out of 3, and the latter 4 out of 5.

9. A neighbour of Dr. Moore's lost one of his two-year olds. Three steers became affected. One was moribund, and died in a few hours. The other two were in an earlier stage, and got *bell*. In one case, diarrhœa set in on the second day, and was checked by a few doses of *merc. cor.* It recovered. The other case died from exhaustion.

*Table of Cases Treated from Nov. 1st, 1865, to Feb. 10th, 1866.*

No.	Name.	Total Cases.	Cured.	Died.	Killed.
1	Mr. Towers .....	19	12	2	5
2	Mr. Savory.....	10	1	9	0
"	Mr. Pratt .....	3	3	0	0
"	Mr. Rapier.....	3	3	0	0
"	Mr. Carman .....	4	1	3	0
"	Mr. Sayer .....	17	8	9	0
3	Miss Taunton .....	1	0	1	0
4	Mr. Farnall .....	1	1	0	0
5	Mr. P.....	1	1	0	0
6	Mr. C.....	3	0	3	0
7	Rev. C. M.....	10	5	10	0
8	Mr. B. ....	15	2	0	8
"	Mr. B's Friend .....	36	23	13	0
"	Mr. Rolland .....	3	2	1	0
"	Mr. Waller .....	5	4	1	0
9	Dr. M's Neighbour .....	2	1	1	0
		132	67	52	13

The addition of the two tables gives 204 cases, of which 119 recovered, 66 died, and 19 were slaughtered. The mortality was, therefore, at the rate of 32.35 per

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cent.; and, including the killed cases, 42.06. In other words, 67 recovered out of the 100.

I now come to give a very brief account of the Norfolk trial, about which so much has been said by friend and foe, and respecting which undue expectation ran so very high. The London Cattle Plague Association employed me to make a trial in Norfolk, under their official sanction. Mr. Emerton and Mr. Robert Moore assisted me. The trial began on Dec. 1st, and ended on Dec. 25th. Mr. Mayer was present throughout, on behalf of the Royal Cattle Commissioners, and reported to that body all the proceedings. The results are easily told. In all, 45 animals were treated; 9 by homœopathic medicines and the Turkish bath conjointly, and the remainder by the former alone. Of these 36 cases, which I shall alone place in the estimates of the result of homœopathic treatment, 6 were convalescent when the trial terminated. The recoveries were, therefore, at the rate of 16.66 per cent. My instructions were to take all cases living and dying, and I did so. Four of the cases were hopelessly ill; 10 were in the advanced stage, from which I have not known more than 2 or 3 exceptionally recover; 20 were in the second stage, with well marked symptoms; and 2, when I first saw them, were in the incipient stage. If I had been permitted to weed these cases, with regard to their fitness as fair tests for treatment, I should have declined more than one-third of them. The results of the treatment, although much inferior to those which I had previously obtained, do not in the slightest degree shake my confidence in the efficacy of the remedies I first proposed in this country, and used on that occasion. For, although comparatively few recovered, the duration of the disease was unusually lengthened out by the treatment. In 4 cases the symptoms were not influenced, and death took

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place, on an average, between the third and fourth day ; in 9, the symptoms gradually increased in gravity, death supervening between the tenth and eleventh day ; and in 17, the symptoms steadily abated, indications of decided convalescence appeared, then a relapse took place, and death occurred, on an average, between the fifteenth and sixteenth day. Contrast this with what allopathy did soon after the trial ended, even when favoured by every possible advantage with respect to dieting and nursing. At Ketteringham, in Norfolk, 57 head of neat stock had the disease ; 42 died, 13 were killed to save them from death, 1 recovered without treatment, and 1 defied the disease. About 25 beasts that were well were fed on boiled food of the best description for a fortnight, and when they fell ill on linseed gruel, but all died within 5 days from the time of falling off their feed, except 2 buds, which lived nearly a fortnight. Here then are 25 cases, 23 of which died within 5 days, and none recovered ; whereas, in this trial, carried on under every conceivable disadvantage, only 4 died under the fifth day, and 1 in 6 recovered.

I am persuaded that a very satisfactory percentage of recoveries would have resulted from the trial, had our efforts not been completely foiled by our being utterly unable to place a large number of the cases in comfortable houses, and in all, to feed them as they ought to have been fed. For a whole week, nothing but hay, turnips and straw could be obtained ; and even when more suitable food was got, the men over and over again persisted in giving as many turnips as the animals would eat. Mr. Mayer even found himself constrained to reprimand one of the men, who retorted with insolence. I cannot enter into all the details in this place ; but I state what the real difficulty, and chief—if not sole—cause of failure was. Mr. Mayer admitted that with such doings there had been no fair trial ; and he told me that he would state *that* as



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his opinion to the Commissioners. I am quite satisfied to have my own opinion borne out and endorsed by so able a practitioner and so impartial a witness. The reason why I lay the chief blame on the dieting is, that no medicines whatever are of the slightest use, if the patients are allowed to eat what does harm; and those only who are engaged in veterinary practice know the impossibility of getting even educated and intelligent owners of stock to understand that the most vigilant attention to dieting and nursing is *essential to success* in treating the plague. This is the universal opinion of all authorities, no matter what particular course of treatment they pursue.

The entire number of cases which I have treated myself, or which have been treated with a faithful adherence to my instructions as respects medicines and diet, amount, as far as I have ascertained, to 240 cases, of which 115 have died; rate of recovery, 52.08 per cent. I put the facts more against than for myself, by including the Norfolk cases, although I decline to accept the results of the trial as a fair or final indication of what the treatment can achieve.

My late assistant in Norfolk, Mr. Emerton, informs me that he found the remedies which were used in the trial successful in the cases recently treated in York. I also observe from Mr. Pope's paper in the last number of this *Review*, that previously to Mr. Emerton's visit, very much the same remedies had succeeded. There is, then, a very large and irrefragable body of facts which conclusively prove that there are men, even in this kingdom, who can deal successfully with the plague without the necessity of importing Dutch teachers or German repertories.

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## COMPARATIVE STATISTICS OF HOSPITAL PRACTICE—ALLOPATHIC & HOMŒOPATHIC.

THE following statistics are contained in an "Official Report of the results obtained by the homœopathic treatment at the hospital of Roubaix (Nord)," France, translated in the last number of the *British Journal of Homœopathy*, from the Bull. de la Soc. Med. Hom. de France. Dr. Liagre, the physician to the hospital at Roubaix, became convinced of the truth of homœopathy in 1863. In the introduction to this report, he says, addressing the "Administrators of the hospital:"—"In the first six months of 1863, I had already, as I informed you in my letter of July 9th, modified my manner of treating certain diseases, principally slight affections, or other maladies of a more serious nature, for the cure of which I know the ordinary treatment to be powerless. I trusted to the experience of a great number of medical men, who, in France, Belgium, Spain, America, in short everywhere, had renounced the errors of ancient physic to adopt the method of Hahnemann.

"In the second half of 1863, empowered by the authority which you had given me, moreover having at my disposal a complete homœopathic pharmacy, I did at the hospital that which I was doing among my private patients, that is to say, I treated almost all my patients by the new method, still however, having recourse to some of the old therapeutic means, as I did not wish to act at hap-hazard, and being unwilling to make any mere experiments on my patients, either in my private practice or at the hospital.

"But in 1864, emboldened by the success obtained, and strengthened by increased experience, I treated all my patients by the new method, only employing some of the old remedies very occasionally, and those of the most innocent character in incurable cases, where it was necessary to give some *placebo* to satisfy the patient's mind."

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Then follows the results obtained during nine years' practice by Dr. Liagre, at the hospital at Roubaix:

Under the allopathic treatment from 1856 to 1862,	
the average per centage of mortality was . . .	19.26
Under homœopathic treatment the mortality was	
in 1863, per cent. . . . .	13.70
And in 1864, per cent. . . . .	12.97
Pulmonary consumption, when fatal, be found less	
quickly fatal under homœopathic than under	
allopathic treatment, and in some cases cures	
appear to have been effected.	
In <i>acute pneumonia</i> , fifty-nine cases were treated	
<i>allopathically</i> , of which forty recovered and	
nineteen died. The average mortality being	
per cent. . . . .	32*
While thirty-one cases of the same disease were	
treated <i>homœopathically</i> with only two deaths.	
The average mortality being only per cent. .	6

The same relative superiority shewed itself through the whole tables of disease, which are carefully prepared.

Another point to which we have before drawn attention when reporting Dr. Tessier's similar success at the Hôpital St. Marguerite, Paris, is, that when a homœopathic treatment is adopted into a hospital, the patients are cured *more quickly than before*, and are therefore a shorter time in the hospital, and this allows the same hospital to afford a larger amount of relief when under homœopathic treatment than it could under the allopathic.

Dr. Liagre says, "for the last three years the number

\* In the Edinburgh Infirmary the mortality from pneumonia under "bleeding, blistering, purging, calomel, &c.," was 33 per cent.; shewing a singular coincidence between the Scotch and French allopathic experience. See Art. "The Progress of our Ideas," p. 324, Vol. IX. of our *Review*.—ED. M. H. R.

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of my beds has not been increased, there were forty at the end of 1861, and there have been the same number in 1862-3-4, and you are aware, gentlemen, that the beds in my two wards have always been full. Well, in 1862, I had only 348 admissions (when under allopathic treatment), whilst in 1863 I had 416, and in 1864, 479. On comparing these three figures it will be seen that in 1863, 68 patients, and in 1864, 130 patients could be received into the hospital, in consequence of the homœopathic treatment, who would have been excluded for want of room had the old system of treatment been continued."

"Surely, after so clear, so emphatic, and so impartial a testimony to the superior value of homœopathy in the treatment of diseases over the varied methods which pass under the designation allopathy, the French *ouvriers*, the reception of whose petition for a hospital by the Senate we described in our last number, have ample occasion to renew their efforts to obtain for themselves and their families the hospital advantages they seek. Dr. Liagre's report forms a fitting pendant to the discussion in the French chambers, it is a reply practical and decisive alike to the philippics of M. Dumas and the objections of M. Boujean."

ON PHYTOLACCA DECANDRA IN  
DIPHTHERIA.

By Dr. HUGHES, Brighton.

IN the last number of the *Review* the experience of your colleagues as to the action of *phytolacca decandra* in diphtheria is invited. I send you herewith an account of three cases in which I have given it a full trial.

CASE I.—I was called one Saturday afternoon to see a young woman of 19. Her brother, æt. 21, was lying dead

## PHYTOLACCA DECANDRA IN DIPHTHERIA.

in the house of the disease in question: the sister had nursed him, and had been ill herself since the Tuesday previous. She had been up to this time under the same (allopathic) treatment as her brother. I found the throat one mass of grayish-white deposit, the breath very foul, the tongue coated with a blackish-brown fur, the external glands somewhat enlarged, the pulse 110 and faltering. Deglutition was almost impossible. I ordered enemata of beef-tea, port wine and egg every four hours, and gave *phytolacca* in drop doses of the mother tincture every hour. On Sunday morning the deposit shewed signs of detachment; and I took away three loose pieces with a pair of forceps. On Monday morning the pulse had fallen to 93, the fur on the tongue had become white, and in several places the mucous membrane could be seen through the diphtheritic pellicle: I began to feel hopeful. But on the Tuesday morning the scene changed: a dry brown patch appeared in the centre of the tongue towards the tip, the pulse was 120, and the deposit was spreading. In the evening the pulse was 144, and the voice gone. She died at 5.30 the next morning.

I felt justified in trying the *phytolacca* in this case, from the very unsatisfactory results I had obtained from the ordinary remedies. I was strongly impressed with the belief that for a time it exerted a modifying influence over the disease. Whether the subsequent increase of the malady shews that *phytolacca* (like *belladonna*) acts here only by its affinity for the throat, and does not attack the poison in the blood; or whether, had the type been a shade less malignant, or the progress less advanced when I saw her, the benefit obtained would have been more than a flash in the pan, I cannot say. I feared the former; but the latter was sufficiently possible to make me determine to use the drug again in the first case I had the opportunity of treating from the commencement. I had

## PHYTOLACCA DECANDRA IN DIPHThERIA.

used the *iodides of mercury* and the *bichromate of potash* frequently and persistently, but had never seen the least effect produced upon the disease by their action.

CASE II.—A tradesman in the town came to me on the evening of May 24th, 1865, to ask me to come over and see his wife. I found a delicate-looking woman of about 30, looking and feeling excessively ill, complaining of sore-throat and pains all over her body. I found the pulse 120; and on looking into the throat saw on one tonsil the characteristic patch of diphtheritic deposit. I gave her *belladonna* 1, a drop every two hours. Next morning she felt better in herself; but the throat was more inflamed, and the deposit had invaded the other tonsil. I directed her removal to a more open part of the town—a measure in which I have much confidence in the management of diphtheria—and gave a drop of *phytolacca dec.  $\phi$*  every two hours. The next morning I found the disease declining. When I called on the 27th the throat was well; and the general strength was not long in returning.

CASE III.—Annie P., æt. 8, had been complaining of sore-throat for thirty-six hours before—on the evening of June 19th—I first saw her. There was then a large patch on one tonsil, with a fœtid odour, and the pulse was 120. She had *phytolacca*, 1st dec., a drop every two hours. I had her moved the next day up to the hill. The medicine was persevered with, and nourishment freely given. She grew, however, steadily worse; and vomiting became a distressing symptom. On the 24th I gave up the *phytolacca*, and substituted *kreasote* 2 in alternation with *muriatic acid* 1. Next morning the deposit itself, with the coating of the tongue, had become black; and at noon she died.

## NOTES ON "NEW REMEDIES."

These cases are too few to prove anything ; but I must say that their effect on my own mind has been to send me back to *belladonna*, as the only remedy about which I can feel certainty as exercising a specific influence over diphtheria. That that influence is not potent enough to cure all cases, the many deaths which I, in common with all of us, have to mourn from this disease sufficiently attest.

## NOTES ON "NEW REMEDIES."

By W. C. O'BRIEN, L.R.C.P. Edin., L.F.P.S. Glas.,  
M.O.S.D., South Shields.

As the "new remedies" lately brought before the homœopathic branch of the profession deserve from all of them a careful study and conscientious trial of their uses, I deem my testimony as to the efficacy of a few I have used may not be unacceptable to my professional brethren.

*Caulophyllum Thalictroides.*

This medicine cured in three weeks a case of obstinate rheumatism of the wrists and finger-joints, with considerable swelling ; relief following the administration of the second dose. I used the 2nd dec. dil.

*Gelseminum Semper Virens.*

This remedy relieved promptly a case of passive cerebral congestion, characterised by ringing, tingling and buzzing noises in the ears ; sparks of light before the eyes ; dimness of vision ; giddiness ; faintness ; great weight and pain in the occiput ; with rigidity of the ligamentum nuchæ and trapesii muscles. The dilution used was 2nd decimal.

*Gelseminum semper virens* has cured in three days a

## NOTES ON "NEW REMEDIES."

most severe attack of rheumatism of both legs and feet, with considerable swelling.

*Phytolacca Decand.*

In a case of syphilitic rheumatism, with enlargement of parotid and submaxillary glands, this agent produced prompt relief and a rapid subsidence of the glandular tumours.

In a case of rheumatism of the right frontal region, accompanied by nausea and aggravation of the pain in morning, relief was afforded after one dose of *phytolacca* *d.*, 3rd dec. dil.

In diphtheria, *phytolacca* promises to surpass all other remedies. I have during the past year treated six cases with this remedy, and out of the number one died. I have tried the method recommended in the *Review*,\* and with most satisfactory results.

*Trillium Pendulum.*

In a case of profuse hæmoptysis, I have found this the most useful and prompt remedy in controlling the hæmorrhage. I have used the 3rd dec. dil., and one case of chronic hæmatemesis relief almost immediately following its use.

*Collinsonia Canadensis.*

This remedy has been invariably a useful one in my hands, in hæmorrhoids and hæmorrhoidal headaches.

*Hydrastis Canadensis,*

Exhibited internally, and applied as injection, has effected the cure of a most obstinate case of catarrh of the bladder, existing in a man of 55 years of age.

\* See a paper on *Phytolacca*, by Dr. Bayes, in Vol. IX. *Monthly Homœopathic Review*, p. 665; also p. 117, Feb. number.—Ed. *Review*.



## ON THE MEDICAL PROPERTIES AND USES OF GLONOINE OR NITRO-GLYCERINE.\*

By W. H. EVANS, Esq., M.D., Bradford.

IN 1847, when chemists were busy in the production of gun-cotton, M. Sobrero of Paris made known the fact that glycerine, treated with a mixture of sulphuric and nitric acids, yielded an oily liquid heavier than water, in which it was nearly insoluble, although readily dissolved in alcohol or ether. The preparation of this compound, to which the fanciful name of *glonoine* was given (gl. o. [oxide glyceryl or glycerine], n. o. [nitric acid], and the termination ine), was a matter of considerable danger, as explosions were of frequent occurrence, unless the materials were kept at a temperature below the freezing point of water; and Mr. Redwood, in 1851, while preparing some for examination, was so injured by its explosive properties, that he was deprived of sight for some months. After his recovery he resumed his experiments, and communicated the results to the meeting of the British Association in 1851,

M. Sobrero had imagined *glonoine* to be a most dangerous poison, from the fact that a minute dose produced very violent headache. Mr. Redwood corroborated the statement as to its effects, but found that it did not possess poisonous properties, as he administered 10 drops to a rabbit without producing any fatal effect.

With respect to the effects of this agent on the human subject the most contradictory statements have been put forth. In the *Medical Times and Gazette* for March 10th, 1858, Mr. Field of Brighton most graphically describes the effects of a very small dose of it upon him; they were

\* The following is the second of two Theses read before the University of Dublin when graduating M.D. in 1860. The first appeared in the January number of the *Review*.

MEDICAL PROPERTIES AND USES OF GLONOINE.

those of narcotic poisoning in a high degree, but they were transitory, and do not appear to have left any bad after-symptoms. M. Sobrero, Mr. Redwood and Mr. Field all concur in describing severe headache as a most prominent symptom, and other observers have borne the same testimony. Some experiments were undertaken in London by Drs. Fuller and Harley, in which they failed to elicit many of the symptoms recorded by the gentlemen whose names I have mentioned, yet experienced a degree of fulness about the head and neck, and headache, which they considered referable to the *glonoine*.

With respect to the medical or curative action of *glonoine*, I may state that it has been found especially serviceable in headaches of a neuralgic character, and, indeed, in neuralgic affections of other parts of the body. I have had some cases of hemicrania, and of facial neuralgia, which have yielded to a few doses, after having resisted for years almost every kind of treatment which could be devised. In the *Medical Times and Gazette* of March 12th and of April 2nd, 1859, some cases of great interest are recorded by Mr. Brady of Sunderland, and by Mr. Field, in which *glonoine* was used with marked success. The latter gentleman says that in some cases the malady is aggravated, and states that he is quite unable to distinguish the kind of headache to which *nitro-glycerine* is remedial, but believes it to be that of a neuralgic character. Of this I have no doubt, judging from my own experience of its use; and I further find that an almost infallible indication for exhibiting it is a sensation of weight or painful fulness at the vertex. This was pointed out some time since by Mr. Willans of Liverpool; and it is worthy of note, that this very symptom was experienced by some of those who experimented on themselves with *glonoine*.

In prescribing, I never use the pure *glonoine*; and notwithstanding what has been written by Drs. Fuller and

## ON THE SUCCESSFUL USE OF HIGH POTENCIES

Harley, I should be very sorry to use large or concentrated doses of it. I generally begin with drop doses of a solution of 1 per cent. of pure *glonoine* in rectified spirit, repeated at intervals of twenty minutes or half an hour; and I never order a stronger solution than one of 10 per cent.

A great deal of the uncertainty which attends its exhibition is, I believe, due to the difficulty of always procuring it of the same strength; to the fact that it quickly becomes decomposed, unless kept in a dark place and at a low temperature; and lastly, it is often given in cases for which it is altogether unsuited. A close study of the symptoms produced by comparatively large doses on the healthy subject, will be our surest guide for the administration of this useful remedy in disease.

## CASES.

By EDWARD T. BLAKE, Surgeon, Wolverhampton.

*The successful use of a High Potency where a Low had failed.*

CASE I.—Eliz. N., æt. 10. Nov. 8th, 1865. Had chorea two years ago; it reappeared six weeks ago, affecting the head and each of the limbs. Right arm is cold, and hangs; she is still when asleep; temper bad. No worms have been seen. To be sponged every morning with cold water. To be allowed no fruit. *Ignatia* 3, gtt. i., t. d.

Nov. 20th. No change. *Nux v.* 3, t. d.

Dec. 4th. Seems a little better; troublesome itching at anus. *Cicuta* 3, t. d.

Dec. 18th. Worse; thread-worms have been seen. *Ignatia* 30, t. d.

Jan. 8th, 1866. A great deal better; movement less; arm warm; no pain nor itching; worms still to be seen; bowels regular; can walk much better. *Repetatur medicamentum.*

## WHERE LOW HAD FAILED.

Jan. 28th. Very much better; can walk straight; can hold out each limb perfectly motionless; she has written her name in my case-book without any devious strokes. Her head still works a little: this movement I consider to be perpetuated by habit. She is to continue *ignatia* 30 for some weeks.

I never knew *ignatia* 3 fail in removing the anal irritation produced by ascarides, and so favoured by ingestion of uncooked fruit.

*Two Cases showing some Pathogenetic Effects produced by Small Doses.*

CASE II.—Jan. 23rd, 1866. This patient is a carpenter, middle-aged, florid complexion, spare habit, mild disposition. Has had palsy of right side some time ago; he has quite recovered the use of his limbs, but has been “rheumatically” ever since. I was attending him for fugitive pains, when the treatment was interrupted by an acute attack of bleeding piles. For these I prescribed *sulph.* 6, gtt. i. q. d. for four days; to be followed by *aconite* 3, gtt. i. q. d. four days.

I saw him eight days after; he said that he had made several attempts to take the medicines regularly, but had been unable, as they both caused such constant “urging to stool,” and “bearing down,” with much increase of pain and hæmorrhage. Subsequently, *hamamelis* 2 did his pains and piles much good.

CASE III.—Jan. 28th, 1866. Mr. —, æt. 39, tall, well-proportioned, florid, “never ill.” No trace of syphilis; no gout nor asthma in family; no urinary symptoms. Has had “bilious” and “intermittent” fevers.

There is a large patch of eczema covering the dorsum of right hand, healing in the centre and spreading by extension of the circumference.

## NOTABILIA.

General health perfect. He has constantly to take the chair at public dinners, &c., so doubtless gets alcohol in some variety and quantity. *Hepar* 6, t. d. pulv. xviii.

Feb. 7th. Very slightly improved. Rep. medic.

Feb. 10th. Much worse; swollen and erysipelatous; very tender. *Arsenic.* 3, gtt. i. g. d.; *liquoris carbonis detergentis* 3 v.; aquæ destillatæ 3 viii. Ft. lotio.

Feb. 14th. The effects of the medicine have caused him very much uneasiness. Very soon after taking a powder he gets a pain across the forehead, over the eyes, "not reaching the temples;" bruising sore feeling of eyes, "as if he had a cold in them;" persistent pain at the pit of the stomach; bowels a little looser than usual.

Hand very much better; swelling subsided.

## NOTABILIA.

## SOLOMON ON HOMŒOPATHY.

WE all remember that a few years back the Editor of the *Medical Circular* announced to the world his determination to open his pages to a full, free and fair discussion of the great medical question of the day—whether the allopathic or the homœopathic system of medicine is the more successful method of treatment. For a time, at least, some sort of a controversy on this subject was permitted by our contemporary. His final judgment appears to be the reverse of SOLOMONIC.

When interest lies on one side of a question, the judgment seldom lies on the other. So long as the conductors of the medical press conceive their duty to consist in merely *supporting a system*, in either tacitly ignoring the existence of, or deliberately misrepresenting, any other therapeutic principle than that they uphold, so long shall we find them pursuing a course involving them in a total disregard of truth.

There is no use in seeking for smooth words to express the distortion of facts, the denial of the clearest evidence, the per-

## NOTABILIA.

version of truth and the suppression of knowledge which is to be found in every one of the medical (allopathic) journals in the United Kingdom, when they write upon homœopathy. The reason is obvious: Truth does not pay; and any allopathic journal that should dare to tell the truth with regard to homœopathy, would ruin itself. The *London Medical Review* ran but a short course, though supported by men of undoubted talent, simply because it opened its pages to the writings of homœopathic practitioners.

So SOLOMON, when A MEDICAL MAN writes to ask him about homœopathy, answers him *mendaciously*, as follows (*Medical Circular*, p. 377, Nov. 22, 1865):—"The homœopathic system "has been tried in the hospitals of Paris and Vienna, and has "failed. We will endeavour to procure the exact dates at which "the investigations were made."

*The Editor knows* that what he states is utterly untrue. For every well-read allopathic editor is perfectly aware that Dr. Tessier's inquiry into the homœopathic treatment, carried on at the Hospital Ste. Marguerite, Paris, resulted in his public acknowledgment of the perfect success of the system. (The full details may be seen in Dr. Tessier's work on the Homœopathic Treatment of Pneumonia and of Cholera, published in French by Baillière, Paris, and of Regent Street, London.) And he further knows that the Vienna investigation resulted in the conveyance to the homœopaths of two small hospitals in Vienna, and in the establishment of a homœopathic chair in the University of Vienna.

The editors of the medical (allopathic) journals have yet to learn that it is not only safer, looking at the question in its psychological and moral point of view, but it is also the wisest worldly policy "to tell the truth, the whole truth, and nothing but the truth." The habitual liar is the meanest thing under the sun.

Before we quit SOLOMON, we must give a specimen of his scientific reasoning, which we hope, for his sake, is not the measure of his mental capacity:—

## NOTABILIA.

## "A HOMŒOPATHIC QUESTION.

"To the Editor of the *Medical Circular*."

"SIR,—Will you kindly inform me what is the answer to give to homœopaths when they argue thus:—Since infinitesimal doses of certain drugs—*e.g.*, the emanations of *ipêcacuanha*—act on some persons with peculiar idiosyncrasies, why should they not act in disease? I am, &c., STUDENS.

"New Ormond-street,

"November 18.

"[The answer is, that *ipêcacuanha* acts only upon certain persons with peculiar idiosyncrasies, and this property is therefore an exceptional one. The emanation of flowers has been known to produce unpleasant effects, yet this is not a general property of flowers. But the homœopaths elevate their shadowy fancies to the rank of therapeutic *laws*.—ED. MED. CIRCULAR.]"

True, "*Ipecacuanha* acts only upon certain persons with peculiar idiosyncrasies;" but will our learned "*Ed. Medical Circular*" inform us of any single disease which acts otherwise? Did he ever hear of an epidemic of scarlet fever which at the same time attacked the whole inhabitants of a district, a town, or a village; or of an *ague* which seized every one residing in the *aguish* district at the same time? All the inhabitants are exposed to the *ague miasm*, but some only take it; and why? Because it will only act where the constitutional condition is one of receptivity to its influence.

Now the constitutional condition which renders a patient susceptible to the influence of infinitesimal doses of a drug is this: that he should be suffering from a disease that bears a homœopathic relation to the poisonous effects of the drug administered.

A patient who is in *perfect* health may swallow a considerable quantity of the 3rd, or 6th, or 12th dilution of *belladonna*, or of the infinitesimal dose of any other medicine, without experiencing any result; just as the same individual might pass through an *aguish* district without catching *ague*, or pass harmlessly by the infection of scarlet fever or measles. There is no soil for the disease to fructify in, in the former case; and no disease for the medicine to act upon, in the latter.

The perfectly healthy body is continually disposing of some

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hurtful substance or other through the activity of the eliminative organs, and carrying it out of the system so as to bear us harmless. It is otherwise when a man is in a condition of depressed vitality, when he is cold, or hungry, or even fatigued—or, on the other hand, when he is heated, or overfed, or under-exercised—then he presents what our SOLOMON calls “peculiar idiosyncrasies” which render him liable to disease, and when he is diseased his “peculiar idiosyncrasies” render him sensitive to the appropriate specific remedy to a degree which, if SOLOMON *would* see, would certainly make him acknowledge that the action of homœopathic specifics is by no means a “shadowy fancy.”

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WESTON-SUPER-MARE.

BIRTHS AND DEATHS.

“THE return of the births and deaths for the parish of Weston was read from the registrar for the quarter ending 31st Dec., from which it appeared that there had been 63 births during that period, and 33 deaths.

“MR. TITLEY said he had made a calculation of the mortality of the town for twelve months, and found that the average rate would be about 12 $\frac{1}{4}$  per thousand. He knew of no town in England that could present any return approaching to this, and he hoped the representatives of the press present would notice it. He wondered that gentlemen who had property in the town did not avail themselves of such a return, convinced as he was that if it was more generally known we should have no empty houses in Weston (hear, hear). The last quarter, too, had been a sickly one.”

If the births in Weston-super-Mare continue to exceed the deaths by 95 per cent., Mr. Titley may rest assured there will not long remain any empty houses in the happy town.

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ONE OF THE PRACTICAL BENEFITS OF  
HOMŒOPATHY.

THE HAHNEMANNIAN LIFE INSURANCE COMPANY, of the United States, with a capital of \$200,000,00, has been founded on the following principles:—We copy from its prospectus.



## NOTABILIA.

"It is pretty generally known that there is a difference in the ratio of mortality among persons subject to the same disease, under different modes of medical treatment; and it has been definitely ascertained that a larger proportion of those afflicted with Cholera and Yellow Fever have recovered under Homœopathic medication than under any other; while a careful observation of hospital, as well as private practice, has shewn the general superiority of that mode in all the more common forms of disease.

## "PREMIUMS.

"Hence this Company will grant Policies upon the lives of patrons of Homœopathy at rates of premium **TEN PER CENT. LESS THAN ON OTHER LIVES.**

"In case any Policy-holder, paying premiums at Homœopathic rates, should change his Physician and mode of practice, he will not thereby forfeit his Policy, but will thereafter be charged **TEN PER CENT. additional premium**, thus changing his Policy to the Allopathic rates.

"Premiums on other lives will be the same as required by other first class companies, as shown in our tables."

On page 193 of our last volume, we directed the attention of our readers to the fact that the General Provident Life Assurance Company of London had adopted similar principles, after a careful statistical enquiry, which clearly proved that human life is of longer duration among the Homœopathic class than among those who place themselves, when ill, under Allopathic care.

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**THE REPORT OF THE ANNUAL MEETING OF  
BIRMINGHAM HOSPITAL**

Has reached us. We regret that its publication is unavoidably postponed, but it will appear in our next. We are very gratified to see that 98 in-patients were treated in this Institution last year, and that the committee are about to collect money for the erection of a larger and more appropriate building. Two gentlemen each gave £1000 towards this object—Mr. R. L. Chance and Mr. Jonah Mason.

## CORRESPONDENCE.

### MEDICAL TREATMENT IN 1865 AND IN 1840.

*To the Editor of the Monthly Homœopathic Review.*

SIR,—Be it a motto civil, legal or medical—*Salus populi suprema lex*, it is one which corresponds closely with the very first axiom of the *Organon*: “The physician’s high mission is to cure.” But this lofty aim is too often lost sight of.

In a recent number of a medical periodical a case of rheumatic pericarditis is described by Dr. Semple, which manifests unmistakeably the anomalous or transitional state of the allopathic mind at the present day.

The patient, a gentleman aged 32, of robust appearance and active, energetic disposition, seemed to be dangerously ill. He was lying prostrate in bed, breathing rapidly and laboriously (40 to 50 per minute), with a quick, rather small and intermittent pulse (about 160). About the region of the heart the præcordial dulness was increased, particularly upwards, while the impulse and sound of the heart were quite imperceptible. It was evident that there was pericardiac inflammation, with effusion into the sac of the pericardium. There occurred for a brief period a slight redness on the left great toe, and some tenderness on pressure. There was delirium, the mind wandering, but not violently.

Such, in brief, are the symptoms and the diagnosis; to which I make no objection.

But what of the remedies? Undoubtedly, most of the great masters who have taught in our schools for the last twenty or thirty years—*e.g.*, Copland, Elliotson, Billing, Stokes, Bouil-land—would have taken blood from this robust-looking person, either with the lancet or locally. They would also have purged and have given mercury in some form very freely.

But Dr. Semple is wiser than these professors, who, methought, had established the principles of the allopathic art upon the basis of the soundest experience and common sense. He rises majestic above them all. “I considered that depletory measures were inadvisable, and that no benefit could be expected from mercury in any form. As the patient’s case was very

## CORRESPONDENCE.

critical, I remained with him all night, and repeated my visits from London from time to time, often staying near him at night."

Dr. Semple actually lends himself so far as to recognise Hahnemann's idea of "the rheumatic poison circulating in the system and concentrating itself upon the heart;" but he deals with the poison as men do with the sting of a nettle or of a bee—expects it to get well of itself.

The cardiac region was at once blistered, also the feet and toes. Brandy was given every two or three hours; doses of acetate of morphia at frequent intervals.

The patient lingered on with little change for five weeks, when he began to be more rational, and the other symptoms slowly declined. Thus, eventually he got quite well again. Dr. Semple considers his recovery a most fortunate chance, and does not pretend that he helped forward the cure. That was probably effected by Nature alone; for he adds, in his concluding remarks: "The treatment throughout, it will be observed, was of a soothing and sustaining kind, no depletion having at any time been recommended."

Am I then to understand that there are yet no fixed views among allopaths as to treatment? Such is the conclusion to which this narrative leads me. Dr. S. perhaps is advocating a new method of treatment, but keeping back as yet the profound principles upon which his invention is grounded. This is perhaps implied in the last sentence: "What may perhaps appear astonishing to those who are unacquainted with the results of such treatment is, that no injurious effect whatever was produced either by the alcoholic liquids or the morphia."

There must, Mr. Editor, have been an object in drawing up and publishing this case. What was this object? To put down bloodletting and purges and mercury in serous inflammatory affections, and to substitute morphia?

Is it possible that Semple can be a reformer, a sort of medico-Bright?—that he is preparing the public for an abandonment of what is called active treatment?

Alas! no. I suspect the old school of physic asserts a claim

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of catholicity of practice in all countries of the world and in every age; for I observe she thinks and moves as an eddy, collecting and carrying round and round all useless straws and drifts.

In one of the volumes of the Camden Society is a series of interesting letters from the courageous and pious Lady Brilliana Harley, ranging from the year 1625 to 1643. Great as was her soul, she seems to have suffered much from ill health, and to have been confined to her bed for many days together. On looking through them, my attention was naturally arrested by the frequent allusions to her health and to the health of her belongings, and to the visits of her physicians, Drs. Wright and Deodat, who lived at Hereford, her county town.

I could not but feel much pleased to mark the simple mode of treatment which prevailed then,—two centuries ago. Apparently, small bloodlettings, with an occasional purge or a cordial, were all the remedies then employed. No vesicatories, no pills, no mineral powders are mentioned.

I have ventured to extract most of the medical passages as they occur in the letters, hoping they may interest some of your readers and serve at the same time to illustrate the deceitful nature of allopathic theories, which seem never capable of arriving at a wholesome maturity, but in one age lead to the most inflated heroic style of treatment, and in another tame down the practitioner to a system little better than expectant.

I say nothing here about individual remedies like mustard-seed and Plummer's pill, or soda and lemon-juice, which, to the eternal disgrace of our art, come into vogue and become fashionable in the metropolis, and before they have well reached the provinces, are forgotten and discarded by the politer circles for some more recent fancy and folly.

MEDICAL EXTRACTS FROM THE LETTERS OF LADY BRILLIANA  
HARLEY [CAMDEN SOCIETY].

*"For my deare sonne Mr. EDWARD HARLEY, in Magdaline Hall,  
in Oxford.*

"Apr. 26. 1639. My deare Ned,— . . . I have sent some  
bessor stone [Bezoar] which you may take at a night when you

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goo to beed; and the Lord billes all means to you. I have sent you 2 graines of orampotabely [Aurum potabile], which I would have you take in 2 spounefulls of cordus watter, when you finde yourself not well."

"July 8. 1640. Deare Ned,— . . . Doct' Deodate gaue your father some phisick, and is confident your fathers illness only proseedes from the splene, and is no inclination to a palsy. Woodows did as Prichards used to do, and deceaued your father, so that he would not take this which the doctor would have had him take, while he was with him. The doctor let him bloud vnder the tounge, which agreed very well with him. Dr. Deodate went away on tuesday last. I thanke you, my deare Ned, for wishing I should take something of him: but my illness comes at sartaine times, and without I should send for him just at that time, I can not have him then to giue me any thing; for he would haue me take something and be let blood two or three days before I am ill, as I use to be. If pleas God, when you are with me, I will send for doctor Rwrite and take something. It pleases my gracious God, so to dispose of it, that this illness which I haue, makes me very weak, for as sounne as I am pretty well I am ill againe."

"Mar. 12. 1640. Deare Ned,— . . . Mr. Ballam is very sicke; I thinke it is an ague, but he eates, and so makes his fits violent; he will take nothinge of Wodowes, nor Morgan, but is resouled to send tomorrow for doctor Rwrite, but he feares he will stay longer with him then 3 l. will hoold out; that he is willing to giue, but he can spare no more, as he says: this 2 dayes he has bine debating of, as they tell me; but now in his fitte, he resoulfes to send for him, and dous not reckon the charges. I hope he will doo well; he is so prouedent."

"June 5. 1641. Deare Ned,— . . . On tuesday night I had a greate fitt of the stone, but now, I thanke God, I am better."

"July 16. 1641. Deare Ned,— . . . I thanke God I am reasnabell well, and I roos sonner this time out of beed then I vse to doo. Doctor Wright came to see me, and it feell out to

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be when I keepe my beed. He perswad me to rise, and gave me some cordiall : but that night I was something ill, but the next day I was well : and I thanke God this day I have bine out of the gate, but no further ; and sence it pleased God I was so well after riseing, and that it fell out accedentially that doctor Wright came to me, I haue entreated him to be with me the next time I am ill ; hoping by Gods mercy to gaine some more liberty out of my beed."

There are slight notices here and there, besides, of the employment of glysters, and once of an emetic, for other "childeren of my Lady;" and the particularity with which every family incident of this kind is reported, renders it improbable that any other remedies, such as opiates, can have been passed over. It may impart an additional interest to the extracts to mention that "Deare Ned," afterwards Sir Edward Harley, was father of the first Earl of Oxford.

I cannot conclude my letter without a very natural and piteous allusion to the pain which the perusal of most of the cases reported by the allopathists inflicts upon the homœopathic practitioner. He is deeply pained that the blessings of Hahnemann's system should not have been timely known to the poor sufferer, or brought to his bedside by some kind, intelligent friend.

I am, &c.,

S. H.

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ON THE  
POISONOUS EFFECTS OF TUPA-KIHI (TUTU).

*To the Editor of the Monthly Homœopathic Review.*

SIR,—In your number for May there is a short notice of Tupa-kihi, a New Zealand shrub, by Dr. Sherwin. I have been told that a good account of this plant has appeared in the *Medico-Chirurgical Review*, but I have not had an opportunity of seeing that periodical. As Dr. Sherwin's account is very meagre, perhaps you will be glad to receive any further particulars respecting a very active poison.

Somewhere about the beginning of 1864 I saw a case of poi-

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soning by this plant. I was then in medical charge of the 1st Waikato regiment, stationed at Drury, 22 miles from Auckland. A man was brought in from a detachment a few miles up the South-road, suffering from the effects of tupa-kihi berries. He had been treated with an emetic by a military medical officer before I saw him. At the time of my taking charge of him his leading symptoms were total loss of consciousness and tetanic convulsions. From his appearance I should certainly have supposed that he had taken strychnia. The convulsions were very violent, and the opisthotonos complete. I administered *hydrocyanic acid*, which seemed to have an effect in allaying the spasmodic action, but the benefit was only temporary. After this I administered chloroform by inhalation, with decided mitigation of the symptoms. At length he became sick, and I was obliged to desist. The violence of the symptoms was, however, so far abated, and there was so little indication of a complete failure of the organic powers, that I was able to entertain a strong hope of his recovery, although an old missionary who was present, and had seen several cases of tupa-kihi poisoning, considered the case certainly fatal. The attack gradually subsided, and the man recovered. The next day he was pretty well, but had entirely lost his memory of all recent occurrences. He could not tell me even to what detachment of the regiment he belonged, or at what post he had been stationed. This loss of memory seems to be a characteristic effect of the plant. Dr. C. F. Fischer, of Auckland, told me that he once commenced a proving of tupa-kihi, but was obliged to relinquish it owing to the failure of memory which it caused.

The Maoris are in the habit of administering common salt as a remedy, which they consider efficacious if given early enough. It is a curious fact that the juice of the berry is harmless, and a pleasant drink is made from it, but the seeds are very poisonous. The young shoots, too, have been the death of many a heifer; but it is remarkable that old cattle and working oxen seem to feed on the tupa-kihi with impunity. It is very desirable that this plant, as well as some other New Zealand specimens, should be thoroughly proved; but medical men in active

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practice cannot well manage this, and few of the colonial public have sufficient zeal for medical science to become martyrs.

Dr. Sherwin's etymology of tupa-kihi is, I believe, purely fanciful. It was never heard of in New Zealand, and must have been invented on the other side of the water. It is called in the south *tutu* (not *tutes*, as Dr. Sherwin has it), pronounced *toot*. A New Zealand statesman made a pun on this word, which, if you do not indignantly reject it, will perhaps be the worst pun ever printed. A man named Richard having died of eating *tutu*, the gentleman above mentioned proposed for his epitaph "*decus et tutamen*," or "*Dick has ate tutu, amen*"!!

With this scintillation of antipodean wit, I beg leave to subscribe myself, Sir, yours obediently,

J. GILES,

Late Surgeon 1st Waikato Regiment.

Auckland, New Zealand,

Nov. 7th, 1865.

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*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Your correspondent "Spectator" accuses me of making "an attack on Dr. Wilson," and of being actuated by "*animus*" towards him. Permit me, through your columns, emphatically to disclaim both charges, and to say that if I were conscious of having written anything *personally* objectionable I would at once make the *amende honorable*. In my short paper I gave cogent and unanswerable reasons why Dr. Wilson's *opinions* on the early detection and treatment of the cattle plague were fallacious, and calculated to damage homœopathy. But whatever effect they may have had on Dr. Wilson, "Spectator" remains unconvinced. He speaks of "crepitation, tubular breathing, or other sounds not found in a healthy state," as existing three or four days before any symptoms visible to the eye appear. I shall only say that such a statement will make all comparative pathologists smile.

"Spectator's" suggestion about emptying the paunch by the stomach-pump" is a physical impossibility, and it shows how little acquainted *he* is with the action of a ruminant's stomach,



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either in health or in disease. The paunch can be emptied only by making an incision into it, through the abdomen, at a point midway between the last rib and the haunch-bone, and using the hand as a shovel. This is done in simple impaction, and it has been tried, but without good effect, when that condition exists in the cattle plague.

If I might be permitted to offer some of my medical brethren a friendly suggestion, without being groundlessly reproached with "*animus*," it would be this,—that a little more reserve, or a little more experience in connection with the treatment of this fell disease, would prevent them from falling into grievous error. A knowledge of human medicine does not necessarily entitle a man to dogmatise on the details of veterinary practice, or to insult with charges of incompetency those veterinary surgeons who have established veterinary homœopathy in the confidence of a large portion of the stock-owners of these kingdoms.

Dr. Wilson, I observe, from a pamphlet reprint of one of his veterinary contributions to a newspaper, has not hesitated to stigmatize the small trial in Norfolk as an "ignominious failure." If he had known the whole circumstances of that experiment he would scarcely have ventured upon so harsh and rash an expression. It is his own fault that he has committed himself to an opinion thereon, to which the facts of the case give not the least shadow of support. The three veterinary surgeons engaged in the trial may justly, I think, complain of Dr. Wilson's hasty and unfriendly slur.

In conclusion, I leave Dr. W.'s studied disparagement of the chief veterinary surgeon to the estimation of those who are able to judge, and have had proofs of his diagnostic ability and practical skill.

I am, your's obediently,

February 5th, 1866.

GEORGE MOORE, M.D.

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# SUBSCRIPTIONS TO THE MEMORIAL FUND,

*Designed for the Benefit of the Children of the late Dr. CHAPMAN,  
of Albemarle Street, London.*

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THE CATTLE PLAGUE IN YORK.—The results of Messrs. Hope and Emerton's treatment now stand as follows :—

Cured .....	90
Died .....	104
Transferred to allopaths .....	3
Refused further attendance.....	1

Total..... 198—A. C. P.

## NOTICES TO CORRESPONDENTS.

LONDON.—An anonymous letter bearing this post-mark gives us the gratifying assurance that our leading article of last month is likely to have the wholesome effect of curbing its writer and the small tribe to which he belongs. In attacking him and them we are quite willing to run the usual risk incurred in a crusade against unqualified pretenders. He and they are the worst enemies of homœopathy. Their assumption of a position, for the occupancy of which they have neither education nor legal qualification, has brought nothing but discredit upon homœopathy. We have no fellowship with these men, and desire that all, whether friend or foe, should know that we have none. The index to our last *Review* and the Medical Register sufficiently answer the last part of the note. There is nothing objectionable in a man, specially educated in medicine and *holding a legal qualification*, receiving and using an *honorary diploma*. But all right-thinking persons must admit that there is something *morally wrong* in anyone, without such an education, representing himself to the public as being so qualified. Such a person simply "lives a lie."

MONTE VIDEO.—1. C. S. in the article referred to stands for *characteristic symptom*. 2. We are not aware of any such apparatus; one might easily be improvised.

We are compelled to carry over the Dispensary Reports and several other papers for want of space.

Letters received from Dr. MEYHOFFER, Mr. FREEMAN, Dr. WILSON, Mr. BRISLEY, Mr. E. T. BLAKE, Dr. J. GIBBS BLAKE, Dr. O'BRIEN, "MONTE VIDEO," Dr. G. MOORE, Mr. J. GILES, Dr. HUGHES, Professor GEORGI, Mr. H. CLARKE.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON HOMŒOPATHY.

A FURTHER CRITICISM ON DR. MERYON'S ESSAY.

"A CRITICAL investigation of homœopathy" in the present day means something widely different from a "Criticism of Hahnemann and his writings."

The question now before us is not, "What was homœopathy in 1790?" but, "What is homœopathy in 1866?" We have also to determine the exact "domain" of homœopathy in the realm of medicine; and before entering further into the question, it will be wise to define this with some attempt at exactitude.

Homœopathy, "pure and simple," expresses a system of cure, in accordance with the rule, that "Likes cure their likes." Is this rule a sufficient guide for our treatment in every case of disease which comes before us as physicians? We put surgery on one side in our present inquiry, as this has only a partial relation to the question at issue.

Our answer is that there are some few cases of disease which come before us, which require the aid of other means than the homœopathic. For instance, there are diseases—such as, some forms of malignant cancer, organic heart disease, &c.—the true *simillimum* or *like*, of

## ON HOMŒOPATHY.

which, no drug has as yet been found to produce. At the same time, the experience of medical men practising homœopathically is conclusive in shewing, that the complications and inconveniences which arise in the course of these—under any therapeutic system *incurable*—diseases, are much more satisfactorily alleviated by homœopathic means than by allopathic palliatives.

We cannot better illustrate the exact force of the above opinion than by giving a portion of a letter lately received by us from a physician writing from one of the metropolitan hospitals. He asks :—

“ 1° Are there any homœopathic drugs which in infinitesimal doses will produce such a physiological effect on the system as *tartar emetic*, *aconite*, *morphia*, *strychnine*, *podophyllin* and *quinine* do ?

“ Can you make the urine alkaline, produce diuresis, or rouse an inert uterus to action, as ordinary practitioners can with *potass. bicarb.*, *digitalis*, or *ergot* ?

“ 2° Have you any homœopathic drug which in infinitesimal doses will kill a tape-worm, cure a malarious neuralgia or a severe case of eczema impetiginodes ?

“ Can you cure a pretty severe case of chronic bronchitis with profuse expectoration in a middle-aged adult, almost complete suppression of the cough and expectoration, with other signs of improved health, being necessary to the cure ?

“ Can you cure lead colic, and that speedily, as we can do with *alum*, *opium*, and saline aperients ?

“ Finally, can you cure psoriasis, which in its more severe forms is one of the most rebellious disorders we have to deal with ?

“ If you can kindly point out the homœopathic drugs which, in infinitesimal doses, will accomplish some or most of the above, I shall feel much indebted to you, and if I witness their success, I must and shall most willingly acknowledge that there is virtue in the method.”

## ON HOMŒOPATHY.

We transcribe this letter because it gives us the opportunity of correcting many misapprehensions which exist in the minds of our opponents, with regard to the *domain of homœopathy*, and as to the practice and the theory of the system.

In common with our present correspondent, allopaths generally look upon a *homœopathic remedy* and an *infinitesimal dose* as one and the same thing. This is a complete misconception. To be *homœopathic*, a medicinal drug needs not to be *infinitesimal in quantity*, but it must stand in a certain definite relation to the morbid condition of the patient. That is to say, it must be capable, when given in a large dose, of producing, in a healthy person, *symptoms similar to* (and therefore giving evidence of) *a morbid condition similar to that of the disease to be treated.*

Infinitesimal doses of medicinal matter (excluding cases of individual idiosyncrasy) do not exert any influence on the animal economy, unless they stand towards it in the *homœopathic relation* above referred to.

We therefore say, in answer to our correspondent's first question, it is not asserted that *infinitesimal doses* of drugs produce the *same action* as that which is induced by *large doses*. For example, one physiological effect of large doses of *tartar emetic* is to produce *vomiting*. It is from this well-known property that it derives its name.

Homœopaths do not profess to induce *vomiting* by infinitesimal doses of *tartar emetic*, but, *on the contrary*, they use these doses of the drug to *cure vomiting* when it is induced by natural disease; provided such vomiting shews a corresponding pathological condition to that induced by the large dose of *tartar emetic*.

To render our meaning more clear and definite, we would refer our readers to a paper which appeared in the *Review* for 1865, p. 332, "On the Physiological Action of

## ON HOMŒOPATHY.

Tartar Emetic;" being a translation of Dr. Granuzzi's experiments. The result of his researches show that *tartar emetic* in large doses induces vomiting by its effect as a *nerve poison* upon the *pneumogastric nerve*. The large dose of *tartar emetic* prostrates, or, so to speak, paralyzes this nerve, and the effect thus induced upon the stomach is to cause violent vomiting and prostration. When we meet with vomiting and prostration owing to the same pathological condition of exhausted power of the pneumogastric nerve, as the result of natural disease, we give the infinitesimal or very small doses of *tartar emetic* to cure such a condition.

We therefore do not profess to produce the *same physiological* effect with small doses as the *allopaths* do with large, but the *very opposite physiological effects*. And we hold that these effects are no less real than their opposites. Our opponents object, by saying that when vomiting is allayed during the administration of a small or infinitesimal dose of *tartar emetic*, it may be only a *simple coincidence*—may be *post hoc*, but is not necessarily *propter hoc*. But we urge that a number of *coincidences* establish a law, and that this testimony of ours to the value of the *homœopathic action of the infinitesimal dose* in its curative effects rest upon the same class of evidence as does theirs as to the *poisonous effects of the large dose*, viz., a large number of individual experimental observations. Vomiting arises from very many causes; and we might, with as much reason, refuse to believe that *tartar emetic in large doses causes vomiting*, and set it down as a mere coincidence, because *vomiting often occurs from natural causes*, as to deny the opposite power to infinitesimals, because *vomiting sometimes ceases without medicinal interference*.

The same may be urged as to the action of all other drugs. *Opium* in large doses exerts its poisonous action

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in inducing coma and lethargy. Its small dose will cure coma and lethargy which, though arising from natural disease, presents a train of symptoms and morbid phenomena similar to those of *opium* poisoning.

The poisonous dose of all medicinal substances probably acts by paralysing certain definite and specific *nervous tracts*, and thus affects physiologically all the organs or tracts so deprived of their accustomed nerve-stimulus; while the infinitesimal dose of drugs probably stimulates such nerves up to the health standard, when it finds them paralysed by natural disease. This may prove the true explanation of the homœopathic law. We do not propound it as a definite theory, though we admit its probability.

To the second part of the first question in our correspondent's letter, we answer—infinitesimal doses do not act *chemically*, therefore it is not asserted that they will render the urine *alkaline*, which is a diseased condition; but they will restore tone to the urinary organs and cause the secretion of healthy acid urine where it had previously been rendered alkaline by disease. So, infinitesimal doses are not expected, by the physician prescribing them, to induce *diuresis*, which is a *diseased condition*; but they will restore the deficient secretion to its normal quantity, or, on the other hand, check an excessive flow of urine and make it natural in amount. *Infinitesimals* will rouse an inert uterus to action: this is a restoration of the organ to natural tone and health. Such a regulating power comes fairly within the sphere of homœopathic action.

The second question demands three separate answers. To *kill* a tape-worm requires a *poison*: *infinitesimals* are *not poisonous*; therefore, it is not alleged that infinitesimal doses of medicine *will kill a tape-worm*. But they will often do better than that; they will restore the intestinal tract to such perfect health, that the tape-worm can no



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longer retain its hold, and is expelled. This cannot be done in every case, and occasionally recourse to quasi-poisonous medication is needful, to rid a patient from this noxious animal; but we have seen tape-worm expelled, and the patient cured, by a course of infinitesimal doses of medicine.\* The ordinary drugs given for the destruction of tapeworm are so nauseous and so hurtful to the general health, that practically it is better, first, to give the patient the chance of cure under the milder method.

Malarious neuralgia and eczema impetiginodes are both very curable by infinitesimals, homœopathically applied. So also are chronic bronchitis and psoriasis.

The question as to the cure of *lead colic* opens up another point for discussion. *Infinitesimal* doses of medicine are not professed to cure cases of *material* poisoning. There are cases of *lead poisoning* which can be cured by *infinitesimal* doses of the proper antidote; but those are cases where the poison imbibed has also been infinitesimal in quantity. It is not supposed that *infinitesimal* antidotes will cure cases of poisoning by *material doses of poison*. The antidote must balance the poison in material chemical power. Natural diseases, for the most part, have a dynamic origin; their causes are not so much material, or ponderable, as derangements of the vital force. We may therefore expect to cure them by dynamic and imponderable agents. A disease such as scarlet fever or cholera, whose origin is in some impalpable miasm, of less material form than the odour of a flower, may be expected to yield to an infinitesimal dose of the well-chosen remedy; but it is otherwise when grains or ounces of a material poison are lodged within the system: the dynamic is to be

\* The case to which we allude was one in which Cina 12 caused the expulsion of the worm. We also refer our readers to some remarks of Mr. THOMAS on the same subject, in our report of the meeting of the Midland Homœopathic Society.

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met by dynamics, the material by matter. This is, after all, only another reading of "Likes cure likes."

Having thus defined, to some extent, the sphere which we may legitimately claim for homœopathic action, we will now proceed further into a discussion of the therapeutic reform propounded by Hahnemann; and as we review it, we shall point out how far the physicians and surgeons who practise homœopathy, in the present day, have modified its practice since Hahnemann's time.

We do not think that we can draw a better picture of Hahnemann's reform than that presented to us by the late Dr. Tessier, whose opinions have great weight, emanating as they do from one of the physicians to a large public hospital, one of the branches of the Hôtel Dieu in Paris.

When Dr. TESSIER\* first determined to examine into the theory and practice of homœopathy, he wrote thus:

"†Hahnemann's doctrine professes to constitute a general reform in therapeutics; it must, therefore, furnish a new explanation of all therapeutic questions. The essential points of every system of therapeutics are these:

"1. *The scientific determination of the medicinal properties of drugs;*

"2. *The classification of drugs;*

"3. *The observation of and classification of the indications of disease;*

"4. *The application of drugs in conformity with these indications.*

"(Therapeutics being the science of the indications of disease, of the application of drugs, and of the relation

\* See *Recherches cliniques sur la traitement de la Pnemonie et du Cholera suivant la methode de Hahnemann*, par le Docteur J. P. Tessier. Paris and London: Baillière.

† This and the further quotations are extracted from the preface of Tessier's "*Recherches*" above named.

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of drugs to disease: it evidently follows that these four points comprise the whole doctrine of therapeutics)."

Any discussion upon homœopathy may very safely take these four as the starting points for a full critical enquiry into the medical reform introduced by Hahnemann.

TESSIER very justly remarks that the whole of the objections raised against homœopathy by its detractors and opponents, may all be summed up into one single affirmation, that *homœopathy is an absurdity*. He then proceeds to examine, severally, into the reforms proposed by Hahnemann on each of the above heads, as to whether it be *absurd* or not. He does this with so thorough a *mastery* over the subject that we shall, as far as possible, give his conclusions in his own words, with a few condensations and omissions. He commences thus:—

"1st. *The scientific determination of the medicinal properties of drugs.*

"The first condition, in our enquiry into the curative virtues of drugs, is the determination of the effects they produce upon the healthy organism. How is the knowledge of these effects to be attained?

"Nature only answers when interrogated, and only answers correctly those who know how to interrogate her. In this question man can divine nothing, he must learn everything by study. We may apply the words of the philosopher of Geneva to this matter: '*I know that truth resides in the facts, not in my mind which observes them; and that I shall be the nearer the truth, the less I indulge in theories.*' Observation alone can teach us the effects of drugs upon the healthy organism. And it is manifest that this must be experimental observation, the result of actual trials, otherwise we should learn but little from it. Hence it is evident that trials with drugs must be actually

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instituted upon healthy persons. This is one of the *cardinal points* of Hahnemann's doctrine, or rather its *starting point*. *Is this absurd?* Can anything be more logical, more lucid, more conclusive? hence the *starting point is legitimate*.

"But it is not sufficient to institute experiments; they must be conducted methodically, not carelessly. We must not content ourselves with simply observing the phenomena which make their appearance immediately after the introduction of the drug into the organism; the *prover* has to watch every symptom which characterizes the action of the drug, the most trifling as well as the most striking; he has to observe all the changes which the drug develops in the organism, from the commencement to the termination of its action, and has to furnish us with an exact picture of the drug-disease.

"It is very clear that, in order to study the pure effects of each drug, it should not be mixed up with other drugs during its trial.

"This is another rule invariably followed by Hahnemann. His *Materia Medica* comprises therefore a complete list of the effects which the drugs he has proved are able to produce in healthy persons. I ask, again, is there anything *absurd* in this herculean labour of forty years? To me it appears that nothing can be more scientific, more methodical, more worthy of the serious consideration of physicians."

We must bear in mind that TESSIER's observations relate solely to Hahnemann, and were written sixteen or seventeen years ago. Homœopaths of the present day have gone a step further; they are not content with the disjointed detail of symptoms which are recorded in the *Materia Medica Pura*, but seek to discover the pathological lesions, the changes in secretion, and the other objective symptoms induced by the large doses of

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medicinal agents, in order that they may treat disease homœopathically, so far as is possible, upon a pathological basis.

When our Homœopathic Materia Medica is arranged fully, upon a physiologico-pathological basis (which labour has already been commenced with considerable success by Dr. Hempel\*), we may expect a new and brilliant era in the annals of homœopathy.†

Hahnemann's labours in the determination of the properties of drugs by provings upon the healthy body, have been shorn of part of their practical value by the mode of arrangement adopted by him in recording the symptoms. They do not appear in their natural chronological order, as they occurred in each individual prover, but are arranged in artificial groups, under the name of HEAD symptoms, FACE, EYES, EARS, NOSE, JAWS, &c. &c. &c. The record of the symptoms relating to the HEAD, in all the provers, thus groups the whole into one paragraph; and in no one of his records do we find a *sequential picture of the symptoms*, such as would give us a complete delineation of an artificial disease. Hempel's Materia Medica abovementioned and some of our recent provings, are supplying us with valuable information on this important question of drug-diseases; while the labours of physicians and toxicologists afford us a gradually extending knowledge of the pathological lesions induced by certain drugs—such for instance, as the discovery some years since that tubercles in the lungs may be induced by continued slow poisoning with DROSERÄ; on which point Dr. Curie read a paper before the French Academy. In this particular

\* *A New and Comprehensive System of Materia Medica and Therapeutics; arranged upon a Physiologico-Pathological Basis.* By C. J. Hempel, M.D. London: H. Turner & Co., 77, Fleet Street.

† *Hale's New Remedies*, London, H. Turner & Co., is another excellent work on physiologico-pathological homœopathy.

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instance we have a corroboration of Hahnemann's opinion, expressed in accordance with his provings, that *drosera* would prove curative in some forms of consumption.

IODINE in poisonous doses has been found to induce *induration* of the liver, and hence shews its homœopathic relation to that condition. The indication that *iodine* would induce induration of the liver was foreshadowed in its homœopathic provings. This mode of practising homœopathy, in accordance with pathological indications, becomes every year more practicable from our more intimate knowledge of the deeper and more hidden mysteries, both of disease and of medicinal drugs. This extension of our science is, however, beset with many difficulties from the obscurity with which much of our pathological knowledge is still clouded. We shall revert to this important question in another portion of our paper.

Under the next head, viz.:

"2. *The classification of drugs*;"

TESSIER criticizes the defects of the old and arbitrary allopathic classification of drugs into three classes, *the evacnants, the alteratives, and the specifics*; each of which classes was subdivided into many smaller divisions on purely theoretical and often fanciful grounds. He then points out the *reform* proposed by Hahnemann in this department of medical science, in these words:

"Hahnemann has given a very severe but just criticism on the old classification of drugs; he shows that *every drug* may belong to *many classes and species*, and that in each class it is possessed of vague and uncertain properties.

"In his arrangement of the medicinal substances drawn from the various kingdoms, Hahnemann follows the alphabetical order. This is a pure and simple negation of the traditional order.

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"His disciples have observed the same method, but they adopt, with Murray, the natural order of classification; they divide drugs into three classes:

"Drugs obtained from the mineral kingdom.

"               "               "               vegetable kingdom.

"               "               "               animal kingdom.

"The alphabetical order adopted by Hahnemann is perfectly reconcilable with the natural order, which is as simple as it is wise. So far then as Hahnemann's classification of drugs is concerned, there is *nothing absurd* in his method."

Upon this division of our subject we would remark that therapeutists of the present day admit the truth of Hahnemann's strictures upon the unscientific character of the *classifications of drugs*, as they are given in the works on *Materia Medica* of the last century. A change in the *dose* of the medicine administered will often give the same drug the right to be placed in widely different classes. The same *medicine*, take for instance, *ipêcacuanha* is an *emetic*, a *purgative*, an *expectorant*, a *diaphoretic*, according to the dose in which it is applied, even where that dose is still given in the *material* quantity used by allopaths. When an allopath then sees so many effects produced by one drug, *depending upon the dose given*, why should he refuse to go a little further and look at the effects of the infinitesimal dose, in which it perhaps may act as a stimulant to the pneumogastric nerve, and thus cure asthma or arrest pulmonary hæmorrhage, beside inducing curative effects over other large tracts of mucous surfaces when they are invaded by natural disease.

Is it not also simply a question of dose which makes *opium* a *stimulant* or a *narcotic*, which makes coffee a *stimulant* or a *sedative*, which makes *cantharides* a *diuretic*, or causes it to produce suppression of urine or strangury? When physicians have fully acknowledged all these as

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experience, it ought to cost them but to comprehend that there may exist in powers differing yet again from those possible doses usually given by the dominant school. Consideration of the question of infinitesimal doses be discussed under its proper head, and we only usually mention it here as an illustration that it is utterly unscientific to classify remedies from their supposed action upon this or that organ or secretion.

We now approach those parts of Hahnemann's reform which are open to more discussion, and which have been made the chief points of dispute between the two schools of medicine.

"3. *On Hahnemann's mode of observing and classifying therapeutic indications.*"

On this point TESSIER thus writes :

"That which distinguishes the physician from the empiric is this : the latter treats patients without enquiring fully into their condition, whereas the former never acts without a motive. According to GALEN the therapeutic indication shews how and where art should interfere. Indeed, all the great physicians, of every age and country, have acknowledged positive indications as their supreme rule in the selection of drugs. Whosoever deviates from them plunges into blind routine or into dishonourable scepticism, dishonourable because it is without any excuse.

"According to Hahnemann, *the totality of the symptoms* should determine the selection of the remedial agent.

"This mode of selection may seem too *absolute*, and it is, in addition, *incomplete*. It omits, for example, to take cognizance of those anatomical lesions which are not immediately apparent ; but it is not an *absurd mode*."

On this part of the subject before him Dr. MERYON writes thus :



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"The whole art of medicine, therefore, in accordance with the above principle, consists in collecting *the most prominent symptoms of a disease*, and in administering a medicine which possesses the power of producing a similar group of symptoms; or simpler still, in referring to the 'Materia Medica Pura' for the *chief symptoms of a disease*, in juxtaposition with which will be found the appropriate remedy—just as reference is made to a dictionary of synonyms for words of like meaning. But in order to obviate the reproach of applying himself to symptoms only, Hahnemann boldly asserts that '*the symptoms are the only part of a disease accessible to the physician, and the sole indications from whence he can derive any intuitive notions; they are likewise the principal object he ought to be acquainted with in order to effect a cure.*'"

Here then we have two criticisms on Hahnemann's rule, that the "totality of the symptoms" present, constitute the "disease," and therefore that these symptoms afford the physician the indications for his treatment of the patient. Hahnemann speaks explicitly upon this point in the 7th section of his *Organon*, where he says: "and moreover the totality of those of its symptoms, of *this outwardly reflected picture of the internal essence of the disease, that is of the affection of the vital force*, must be the principal or the sole means whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate curative agent—and thus, in a word, the totality of the symptoms must be the principal, the sole thing the physician has to take note of in every case of disease, and to *remove* by means of his art, in order to cure and transform it into health." Similar passages occur in many other parts of the *Organon*, but it will be needless to quote further since the above is as clear and explicit as words can render any idea.

Dr. TESSIER very justly speaks of this rule as being

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too *absolute* and also *incomplete*; an opinion fully endorsed by the general experience of the modern school of homœopathy.

Dr. MERYON speaks of it as if the rule would 'debase medicine into a mere mechanical science, and would lead men to ignore both physiology and pathology in the treatment of disease.\*

For ourselves, we think that neither Dr. Tessier nor Dr. Meryon have fully appreciated Hahnemann's meaning, and that they have overlooked the circumstances which surrounded Hahnemann in the medical age in which he wrote the *Organon*. They have also failed to perceive that even when he wrote so decidedly and determinately upon the necessity of carefully observing symptoms, he, nevertheless, in both the passages above referred to, used the word *principal* as qualifying a rule which might otherwise have been too *absolute*. He does not say the *totality of the symptoms* is to be our *sole rule*, but the *principal or sole rule*. We think that in this saving clause there is foreshadowed, as it were, a far seeing glance into futurity by the medical sage. The pathology of his age was uncertain and based upon error, and therefore to be rejected, but he evidently foresaw a time when there might arise a new science of observation, which should make his rule less absolute than it was in his day.

\* And he further (upon what authority we should be glad if he will inform us) charges Hahnemann and his followers with accepting the *most prominent symptoms*; and in another place, the *chief symptoms of disease*, as the indications for treatment. His own quotation from Hahnemann precludes the idea that Dr. MERYON wrote this in ignorance of Hahnemann's express and most careful instructions for a minute study of the *totality of the symptoms*, presented with a caution that we are to record even the most trivial—every sensation of the patient and every deviation from health observable by the physician. Are we then to understand that Dr. MERYON considers *chief symptoms* and *most prominent symptoms* as synonymous and equivalent terms for *totality of symptoms*?

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When we look at the practical side of the question, we find that physicians generally, allopathic as well as homœopathic, adopt this rule of Hahnemann's to a greater extent than they are willing to confess, or probably than they are aware of. In acute and terrible pain, the allopath does not stop to enquire into the pathological condition which gives rise to the pain, but gives *opium* or some other sedative, from whatever source the pain arises, whether from rheumatism or gout, from pleurisy or neuralgia. The *pain there present before him* must be relieved; and he gives the *sedative*, not from its *pathological indication*, but from its *symptomatical indication*. Frown as much as he may at Hahnemann's treatment of symptoms, he flies to it himself on many occasions. We don't make such sweeping assertions as does Dr. Meryon, nor say, that "A single case in which such palliative yet effective remedies are given is fatal to the whole system" of pathological indications (his quotation, we need not say, is directed against homœopathy, but most illogically, as it appears to us); we merely point out that there is a peculiar inconsistency in an allopath heaping abuse upon Hahnemann, for advising, seventy years ago (when nosology and pathology had very lax, if any, scientific bonds of relationship), a recurrence to simple observation of symptoms, as a surer guide in the treatment of disease than the nosology of his day afforded.

We will go a step further: even now, there are few if any diseases so definitely mapped out as to enable us to treat them according to their names. This perfect application of pathological science has, as yet, to be sighed for; it exists only in books and in the heads of bookworms. Dr. Meryon, indeed, tells us that gout is a *material disease*; that the *disease* can be put in a test-tube, and shewn to us face to face; that the specific poison of gout is *urate of ammonia*; that this is deposited about the car-

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tilages and ligaments of joints, and there sets up local inflammation. Well, in that case, *gout* ought to be a very easy disease to treat, because, having "caught your hare," there could be no very great difficulty in killing and cooking him. We are told by our writer that Dr. Garrod made this discovery in 1848. How is it that there remains a single gouty patient in our land? Has the treatment of gout proved a great allopathic success? We unhesitatingly answer, No! It is an opprobrium to allopathy, as is witnessed by the number of gouty patients who remain uncured, and seek from homœopathy and hydropathy a relief and cure that allopathy is still unable to afford them. It is perfectly true that *urate of ammonia* is found in the blood of gouty patients; but that is not the *cause* of gout; but the *product* of gout. How and why did the *urate of ammonia* get there? We homœopaths go a step further back for *the cause*; our investigations have led us, link by link, to trace the chain of morbid symptoms to their occult origin. But this is not the subject under our present consideration. The question now before us is this: Is *the totality of symptoms* a safe guide, a safe indication upon which to base our treatment? We think with Dr. Tessier that such a mode of selecting an indication is *incomplete*; but in the present state of medical science it is practically the best, if we make the "*totality of symptoms*" include the *objective* as well as *subjective*—those revealed by the stethoscope, laryngoscope, &c., and those arrived at by the application of chemistry and microscopy.

There are certain diseases which, in our day, as well as in Hahnemann's, are at present known to us only by their more prominent symptoms. In the treatment of these, Hahnemann's method gives us an evident advantage over the allopaths. Dr. Meryon, however, does not appear to think so, if we may judge from the following extract:—

"The system," says he, "has the undoubted recommendation

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of simplicity on its side, for by its means all diseases may be ministered unto without the superfluous ceremony of acquiring a knowledge of the fabric to be repaired or of the appliances for repairing it. In this respect every orthodox practitioner must have sometimes felt restrained by scruples to which the homœopath is a stranger, seeing that anomalous and inexplicable symptoms do sometimes manifest themselves to men who are accustomed to meditate on the important relationship of function and structure—symptoms which raise doubts and anxieties, but which vanish before those who have merely to refer to a ‘*Materia Medica pura*’ for a remedy capable of producing effects to correspond with the symptoms of disease.”

The whole of the above paragraph is rather obscure, but, if the former part means anything at all, it amounts to an assertion that the practitioners of homœopathy ignore the teachings of Physiology and Pathology: the latter part is a literary curiosity. Does the writer intend us to believe it is an *advantage* to the scientific physician, to be beset by “scruples” and to be harassed by “doubts and anxieties” in the presence of a new or complicated disease? and that when such a case does arise, it is the part of the scientific physician to sit down and meditate upon the difficulties in the way of discovering pathological indications, and to refuse to adopt any treatment, until he shall have first satisfied his mind, as to the true pathology of this obscure case? And does he not see, that it is in just such a case, that the homœopathic treatment pre-eminently asserts its superiority. The homœopathic physician uses physiological and pathological knowledge *so far as it will lead him*, but, when this will help him no longer, he falls back upon such *symptoms* as are present, and from a knowledge of these and their *similars* in his *Materia Medica*, he is often able to lead a case to a successful termination, which would be abandoned alto-

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gether by the allopathf ull of "doubts and anxieties" and without any guide whatever to lead him.

May we use an illustration drawn from our imagination? A traveller through a strange country may make out his road, easily enough, if he have a good map with him, and if the various cross and branch roads all have their finger posts in good order; but bye and bye he comes to some open waste, where tracks go in all directions and the finger posts are blown down, or have never been placed. The traveller now must guide himself by sun or stars; but if clouds obscure these he may well sit down and "meditate" with many "doubts and anxieties," and it is probably safer that he should so "meditate" than rush into dangers unknown. But we cannot congratulate this traveller on his high science, and praise him for "his doubts and fears." This "meditative traveller" is the Allopathic physician in face of a new unknown and inexplicable disease.

A second traveller now arrives at the same place, pulls a compass from his pocket and feels no hesitation as to the right path. His *map* carries him to the same point as the other traveller—his *compass* enables him to go further and tread with comparative safety where the former traveller dare not pass.

*Physiology* and *Pathology* are used by the physician practising homœopathy as far as they will lead him, and then he still has in reserve, his *symptomatology*, to trust to when the former two fail. To us this seems a great and manifest advantage. But Dr. Meryon would have us believe that because maps, charts and finger posts are the best guides through a well ordered country, that when the traveller arrives at the verge of civilization, he is to sit down and wait till roads are made, maps and charts printed, and finger posts erected, before he resumes his journey. Nay, he positively sneers at the man who car-

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ries a compass in his pocket which enables him, with comparative safety to cross the unknown desert or to sail over the trackless sea.

We are compelled to defer the consideration of the safety of selecting the remedy in accordance with the law, "*Similia similibus curantur*," till our next number.

## ON THE TREATMENT OF PARASITIC DISEASES.

By DR. JAMES GIBBS BLAKE, Birmingham.

(Read before the Midland Counties Homœopathic Association.)

Gentlemen,

The principal object I had in view, when I chose the treatment of parasitic diseases for the subject of the paper which I have the pleasure of reading before you this evening, was to afford a practical exemplification of the limitation of the law of similars in the cure of disease. This question becomes one of increasing importance, as there appears to have already commenced a new era in the existence of homœopathy, marked by the fact that the leading medical journals have recently given a prominent place to articles upon the system of medicine we practise. These articles are written in a temperate manner, and state, perhaps as correctly as we can expect, the doctrines and practice of Hahnemann. I will quote one of Dr. Meryon's illustrations which appeared in the *Lancet* of Feb. 17, 1866. He says:—

"I will endeavour to illustrate the matter by a few special instances. A worm in the intestines transmits its influence to the brain, and the irritation which it produces is reflected back again to various organs. It may produce general convulsions of the body; it may produce violent delirium or it may produce amaurosis. In these cases is the cause of no importance? or are the various effects susceptible of cure by any one homœo-

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pathic remedy, and that one just that which may incidentally expel the worm?"

Further on he says:—

"Homœopaths themselves shew want of 'faith in their system,' and a single case in which palliative yet effective remedies are given is fatal to the whole system."

Now it is evident from this that Dr. Meryon has formed his opinion from the writings of Hahnemann, and not from the periodical and other homœopathic literature of the present time. We have an equal right to describe the allopathic treatment of to-day as one consisting mainly of bleeding, blistering, and purgation. This would be manifestly unfair. But there is something to be said for Dr. Meryon. Let us look to the most recently published edition of Jahr's Manual, and we find under the head of *Tænia*, the following directions.

"The treatment may usually be commenced by the administration of a single dose of *sulphur* when the moon is waning, then a single dose of *mercurius* at the full moon following; repeating the *sulphur* eight days after, and so on for some time;—should these medicines prove inefficacious, one or more of the following may be indicated, *calc.*, *carb. v.*, *fil.*, &c., &c."

I have searched the homœopathic periodical literature, hoping to find some cases of tape-worm treated successfully in the manner indicated by Jahr. My efforts have been unsuccessful. On the other hand I wish to draw your attention to a paper published by Dr. Fleming, shewing the good effect obtained by the use of the oil of male fern in 100 cases of *tænia*. I have no doubt that we should all resort to this treatment in order to expel a tape-worm, and if that be the case, it is quite time that such directions as those contained in Jahr's Manual should be modified. If they are not modified, and a cri-



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tic looks to our recently published manuals and finds that the instructions, therein given, do not accord with the daily practice of the homœopathic physician, we are liable to the accusation which Dr. Meryon has used in the quotation given above.

However, I hope to be able to shew that the treatment of tape-worm by oil of male fern is not opposed to the teachings of Hahnemann, as contained in the *Organon*, at page 21 he says :

"Let it be granted now, what cannot be doubted, that no diseases—if they do not result from the introduction of perfectly indigestible or otherwise injurious substances into the stomach, or into other orifices or cavities of the body, or from foreign bodies penetrating the skin, &c.—that no disease, in a word, is caused by any material substance, but that every one is only and always a peculiar, virtual dynamic derangement of the health ; how injudicious, in that case, must not a method of treatment directed towards the expulsion of that imaginary material substance, appear to any rational man.

"There is a semblance of necessity in the expulsion by purgatives of worms in so-called vermicular diseases. But even this appearance is false. A few lumbrici may be found in some children ; in many there exist ascarides. But the presence of these is always dependent on a general taint of the constitution (the psoric) joined to an unhealthy mode of living. Let the latter be improved, and the former cured homœopathically, which is most easily effected at this age, and none of the worms remain, and children cured in this way are never troubled with them more ; whereas after mere purgatives, even when combined with cina seeds, they soon reappear in quantities.

"'But the tape-worm,' methinks I hear some one exclaim ; 'every effort should be made to expel that monster, which was created for the torment of mankind.'

"Yes, *sometimes*, it is expelled ; but at the cost of what after sufferings, and with what danger to life ! I should not like to have on my conscience the deaths of so many hundreds of

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human beings as have fallen sacrifices to the horribly violent purgatives directed against the tape-worm, or the many years of indisposition of those who have escaped being purged to death. And how often does it happen that, after all this health and life destroying purgative treatment continued for several years, the animal is not expelled, or if so, that it is again produced!

"What if there is not the slightest necessity for all these violent, cruel, and dangerous efforts to expel and kill the worm?"

"The various species of tape-worm are only found along with the psoric taint, and always disappear when that is cured. But even before the cure is accomplished, they live—the patient enjoying tolerable health the while—not exactly in the intestines, but in the residue of the food, the excrement of the bowels, as in their proper element, quite quietly, and without causing the least disturbance, and find in the excrement what suffices for their nourishment; they then do not touch the walls of the intestine, and are perfectly harmless. But if the patient happen to be affected with an acute disease of any kind, then the contents of the bowels become intolerable to the animal; it twists about and irritates the sensitive walls of the intestines, causing a peculiar kind of spasmodic colic, which increases materially the sufferings of the patient."

Now in the first part of this quotation, Hahnemann excepts all diseases that are produced by causes introduced from without, and as *tænia* is now proved to be caused in this way only, it is manifestly excluded from this category of chronic diseases of internal origin; and it is as allowable to expel the tape-worm from the bowels as it is to empty the stomach by an emetic in a case of poisoning.

Hahnemann says (*Organon*, p. 113):

"It is not necessary to say that every intelligent physician would at once remove this (the manifest exciting or maintaining cause) where it exists; the indisposition thereupon ceases spontaneously. He will remove from the room strong smelling flowers, which have a tendency to cause syncope and hysterical sufferings; extract from the cornea the foreign body that excites inflammation of the eye; loosen the over-tight bandage on a wounded limb and apply a more suitable one; lay bare, and put a ligature on the wounded artery that produces fainting; *endeavour to promote the expulsion by vomiting of belladonna berries*

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*and the like, that may have been swallowed; extract foreign substances that may have got into the orifices of the body," &c., &c.*

The natural history of all the entozoa is not sufficiently investigated to enable us to speak of all these parasites in the same positive terms. If we consider generally the condition of the parasitic diseases, they may be arranged under three heads:

1. The existence of a suitable soil.
2. The presence of the parasite.
3. The pathological lesions resulting.

The first condition is a very important one. For if we can prove that the healthy body is the suitable soil for the parasite, (and this *has* been done in the case of *tænia* by experiment), then the only thing to be treated, in an uncomplicated case, is the parasite itself. But if, on the other hand, a diseased condition is necessary to the production of the parasite in any individual, then general constitutional treatment becomes necessary.

What is the condition of body which favours the entertainment of parasites? The answer to this question depends on the kind of parasite. If we take the tape-worm, the answer is that the more healthy the body the greater chance there is that the immature tape-worm will remain and grow in the intestines. In the numerous experiments of Küchenmeister, Leuckart, and other workers in the same field, it was found that the *Tænia serrata* could be produced in as many dogs as were fed with mature *Cysticercus pisiformis* obtained from the rabbit; and that the *Cysticercus pisiformis* could as certainly be produced in rabbits, by the administration of the proglottides of the *Tænia serrata* obtained from the dog. These experiments more fully detailed in Dr. Cobbold's book, clearly shew that no "psoric taint" is required to favour the production of tape-worm.

We find also that the species of tape-worm varies with

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the kind of diet and preparation of food. The tape-worm of the poor is the *Tænia solium*, the tape-worm of the rich is *Tænia mediocanellata*; and this accords with the fact that pork, which is the chosen seat of the larval condition of *T. solium*, is eaten in larger quantities by the poor; whereas the larva of *T. mediocanellata* is found in mutton, beef and veal.

There is a tribe of Cossacks (*Burätes*) who are, almost all of them, infested by tape-worms. In 130 post mortem examinations only two were found free from these parasites; and among 500 other persons treated in hospital, the existence of these entozoa was demonstrated in all (Cobbold). The habits of these herdsmen explain the prevalence of the parasite: they feed almost exclusively on flesh imperfectly cleansed and cooked, and this is eaten from bare tables which are never washed. Their *tænia* is the *mediocanellata*; the ruminants are their principal source of food, and they rarely touch pork.

On the other hand, Dr. Cobbold has not succeeded in reproducing at pleasure the common thread-worm (*Oxyuris vermicularis*) in its perfect form; and until this can be done we cannot alter our opinion, that the presence of these ascarides is merely a sign of delicate health, appearing, as they do, amongst a train of other symptoms, which are not all removed when the local cause of irritation is removed.

Quite different is the relief experienced by a judicious expulsion of a tape-worm. All the reflex symptoms disappear, and no ill consequences have been shown to result.

It is evident that a thorough acquaintance with the natural history of parasites is necessary to decide the question whether the treatment should be local or general.

The presence of a parasite and the pathological lesions resulting therefrom, can be illustrated by a sketch of the

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natural history of *Trichina spiralis*, which unfortunately is engrossing a large share of the attention of the public at the present time.

*Trichina spiralis* is an extremely minute Nematode helminth: the male in its fully developed and sexually mature condition measures only  $\frac{1}{16}$  of an inch, whilst the female fully developed reaches a length of  $\frac{1}{8}$  of an inch.

It was discovered in its larval condition existing in human muscle as long ago as 1834, in a subject at St. Bartholomew's Hospital, and described and named as *Trichina spiralis* by Mr. Owen; although the relation of the larval form to the developed animal was not made out, and no ill effects during life were then attributed to the presence of these entozoa. Leuckart thus briefly gives the main points of the natural history of this parasite:

" 1. *Trichina spiralis* is the juvenile condition of a little round worm, to which the generic name of *Trichina* must remain attached.

" 2. The sexually mature *Trichina* inhabits the intestinal canal of numerous warm-blooded animals, especially mammalia (also of man), and constantly in great numbers.

" 3. At the second day after their introduction the intestinal *Trichinæ* attain their full sexual maturity.

" 4. The eggs of the female *Trichinæ* are developed within the uterus of the mother, into minute filaria-like embryos, which from the sixth day are born without their egg-shells.

" 5. The new-born young soon after commence their wandering. They penetrate the walls of the intestine and pass *directly* through the abdominal cavity into the muscles of their bearers, where, if the conditions are otherwise favourable, they are developed into the form hitherto known.

" 6. The directions in which they proceed are in the course of the intermuscular connective tissues.

" 7. The majority of the wandering embryos remain in those sheathed muscular groups which are nearest to the cavity of the body, especially in those which are smaller and most supplied with connective tissue.

" 8. The embryos penetrate into the interior of the separate muscular bundles, and here, after fourteen days, acquire the size and organization of the well-known *Trichina spiralis*.

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"9. Soon after the intrusion of the parasite, the infected muscular fibre loses its original structure. The fibrillæ collapse into a finely granular substance, whilst the muscular corpuscles change into oval nucleated cells.

"10. The infected muscular bundle retains its original sheathing up to the time of the complete development of the young *Trichinæ*, but afterwards its sarcolemma thickens and begins to shrivel at the extremities.

"11. The spot inhabited by the rolled-up parasite is converted into a spindle-shaped widening, and within this space under the thickened sarcolemma, the formation of the well-known lemon-shaped or globular cyst commences by a peripheric hardening and calcification.

"12. The migration and development of the embryos also takes place after the transportation of impregnated *Trichinæ* into the intestines of a new host.

"13. The further development of the muscle-*Trichinæ* into sexually mature animals is altogether independent of the formation of the calcareous shell, and occurs as soon as the former have reached their completion.

"14. Male and female individuals are already recognisable in their larval state.

"The immigration of the *Trichinæ*-brood in masses produces very grave or even fatal consequences, peritonitis (from the embryos perforating the intestinal walls), pain, and paralysis (from the destruction of the infected muscular fibres).

"16. In proportion to the quantity of imported parasites, the eating of trichinous meat is attended with more or less dangerous symptoms (or even death) as its consequence; enteritis with the exudation of a croupy mass, which is sometimes thrown off in flakes (in rabbits and rats), sometimes in pus bodies (in the cat and mouse), or (as in the dog) becomes converted into psorospermia.

Until recently the opinion has prevailed that an immigration of *Trichinæ* may take place without any general disturbance, but the publication in 1860 of Zenker's fatal case led to enquiry, and this to the discovery of the disease *Trichiniasis*, endemic in many parts of Germany, where the inhabitants shew a remarkable partiality for chopped raw-pork. The *trichinæ* appear in pigs of all races, and cooking does not always kill the worm, as it is sometimes protected by a very thick calcareous covering,

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which however dissolves in the stomach. Hence, suspected pork should always be examined with the microscope. Pigs affected with *Trichina* usually have loss of appetite, hoarse voice, quietness and aversion to all kinds of movement, and, when they attempt to run, drag the extremities. Nevertheless, an English pig which was slaughtered at Hettstädt, shewed none of these symptoms, and avenged itself by killing its butcher and twenty other persons who ate its flesh.

The symptoms produced in man affected with *Trichiniasis* are thus described by Dr. Althaus. Three stages of the distemper may be distinguished: the *first* of which comprises the time from the arrival of the *Trichina* in the intestines, until the birth of the first of the progeny. This stage lasts from four to eight days, and its symptoms are by no means remarkable. There is only loss of appetite and general malaise.

The *second* stage is the most important one, and lasts from the time when the embryos commence their migration from the intestinal canal into the muscles, until they have taken up their permanent abode in the muscular tissue. The first symptoms in this stage are a more or less violent irritation of the bowels, pain in abdomen, either profuse diarrhœa or more commonly obstinate constipation. In several cases fever of a typhoid character soon set in. Rigors followed by heat, temperature increased, loss of appetite, general prostration, and sometimes even delirium. Urine highly coloured and contains sediments of uric acid; no albuminuria; quantity of urine is sometimes diminished and sometimes normal. A symptom scarcely ever wanting is early œdema of the face, where most of the muscles which become affected by the *Trichinæ* lie close under the skin, and are not covered by fasciæ.

The œdema of the lower extremities, observed at a later

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period of the disease, is due to a hydræmic condition of the blood which is gradually developed. The parasites in the muscles cause pain, especially if the patient attempts to extend the limb; muscles rigid and swollen, and there is a feeling of great lassitude. Muscular pains are first noticed in the legs, and are increased by pressure and movement; and the first attempts to move a limb are more painful than subsequent movements. Dyspnœa is produced by infection of the diaphragm, the intercostals and other muscles of respiration. If the muscles of the larynx be affected there is hoarseness and loss of voice. In like manner speaking, masticating, swallowing, may be impeded or rendered impossible. The muscular irritation may be so great that the patient may not be able to move, just as in rheumatic fever, with this difference, that the joints do not suffer. The extremities are transfixed in a half-flexed position. The fever soon becomes of a more asthenic character; temperature rises to 104 F.; profuse perspiration sets in; miliary vesicles appear on the surface; the mind wanders; meteorism; diarrhœa; decubitus; hæmoptysis; lobular pneumonia and effusions into the pleura may be observed; and at last death ensues, with all the symptoms of excessive prostration and irritation of the nervous centres. Death may occur five days after the commencement of illness, but more usually in the third or fourth week. The average duration of the second stage is from three to six weeks. Pregnant women abort.

The third stage commences as soon as the parasites coil themselves and begin to be encysted. The function of the muscles still remains disturbed for some time, and they may be weak and stiff for months. In a few cases baldness of the head, desquamation of the skin, and painful furunculi have been observed to follow.

*Treatment.*—The experimental treatment has led to



## ON THE TREATMENT, ETC.

nothing but negative results. Dr. Althaus reports that purgatives have not the least influence in removing *Trichinæ* from the intestines, or in preventing the development of the embryos or their immigration into the muscles. Benzine is said to be poisonous to *Trichinæ*; but it has been fully tried during the recent epidemic at Hedersleben, but with no positively good results. The treatment must be symptomatic; and in this way *we* (homœopaths) have a good opportunity of allaying the symptoms of irritation that are set up by the transit of the entozoa through the tissues. I know of no homœopathic treatment, nor can I speak confidently of personal experience in this disease; but one case occurs to me as one of probable trichiniasis:—A girl of 12, belonging to a pork-eating family of this pork-eating town, was laid up with what appeared to be a form of rheumatism, but only explicable to my mind now, on the hypothesis that it was a slight case of trichiniasis. There was considerable pyrexia, lasting about ten days; heat of skin; pain in *both calves*, in *no joints*; calves tender, useless, and knees drawn up in bed; urine high coloured, with copious deposit of lithates. The pyrexia and the pseudo-rheumatic pains did not yield to *aconite* and *bryonia*, as they usually do; but after two weeks the pains gradually subsided. Unfortunately, the probability of its being a case of trichiniasis did not then occur to me, so that I did not examine the stools for *Trichinæ*; and I do not feel justified in using the harpoon to settle the question, now that the patient is well.

One case has been observed here, at the General Hospital; but this was accidentally discovered. The patient died of phthisis, and the muscles were found to be full of encysted *Trichinæ*.

I did intend to consider the treatment of those animal and vegetable parasites which affect the skin; but, as this paper has already taken up the time allotted by the Society, it will be better not to touch on these subjects,—especially as the treatment of external parasites is a vexed question amongst the members of the homœopathic body.

HUMAN ENTOSOA.

DR. CORBOLD'S CLASSIFICATION.

HELMINTHA .....		HUMAN ENTOSOA.	
STERELMINTHA .....	Trematoda .....	Trematodes.	
		Distomids .....	
		Fasciola hepatica.	
		Distoma lanceolatum.	
		— ophthalmobium.	
		— crassum.	
		— heterophyes.	
		Bilharzia hæmatobia.	
		Tetrascoma renale.	
		Hexathyridium pingicola.	
		— venarum.	
CÆLELMINTHA .....	Nematoda .....	Oxyuris vermicularis.	
		Filaria lentis.	
		— trachealis.	
		Trichina spiralis.	
		Trichocephalus dispar.	
		Dracunculus medinensis.	
		— Loa.	
		Ascaris lumbricoidea.	
		— mystax.	
		Strongylus bronchialis.	
		Enstrongylus gigas.	
		Sclerostoma duodenale.	
ANENTERELMINTHA .....	Cestoda .....	Tania solium.	
		— mediocanellata.	
		— acanthotria.	
		— flavopuncta.	
		— nana.	
		— elliptica.	
		— marginata.	
		— echinococcus.	
		Bothriocephalus latus.	
		— cordatus.	
		Tetrarhynchids.	
		Bothriocephalids .....	
		Tetrarhynchids.	
		Cucullanids.	
		Echinorhynchids.	
		Acanthocephala .....	
		Taniads.	

## REPORTS OF SOCIETIES.

THE MIDLAND HOMŒOPATHIC MEDICAL  
SOCIETY.

At the usual quarterly meeting of the above Society, held at Birmingham on Thursday, March 1st, a paper was read by Dr. Blake, "On Parasitic Diseases," which appears in the preceding pages. The following discussion then ensued:—

Mr. WYNNE THOMAS remarked that he had been much interested by Dr. Blake's very able paper. He fully concurred with what Dr. Blake had said about the importance of defining and recognising the limits of the application of the law of similars. He (Mr. Thomas) felt this to be a daily difficulty; but he should not at present say more upon that subject than to state that he considered Dr. Blake had clearly shewn that the treatment or expulsion of *tænia* must be regarded as lying outside those limits. As *tænia* could be produced in any animal by giving to it *ecchinococci*, the existence of the animal clearly does not depend (as Dr. Blake pointed out) upon any psoric or other taint of the system, and therefore it is quite unnecessary to do more than to give a drug which would quickly expel the worm; and his experience convinced him that the *filix mas.*, when given in a proper dose, and with the necessary attention to diet, rarely failed in accomplishing this object.

He had been much struck, in the case of a patient now under observation, by the remarkable effect of *cina* 12 in controlling the nervous irritation caused by a *tænia*. In this case the patient had suffered for two years from numbness of the extremities, headache, loss of vision. She had been under several medical men, one of whom had bled her because he considered these symptoms indicated a tendency to apoplexy; another treated her for spinal disease. He (Mr. Thomas) thought this an excellent opportunity for trying the effect of a high dilution of *cina*; so he gave her No. 12. When he saw her three weeks afterwards, she told him that nothing she had ever taken had done her so much good. After the second day she had not had any of the above symptoms, but had passed a good deal of the worm. A month later the symptoms returned. He then gave

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her 1 dram of *filix mas*. In a fortnight she came again, and told him that that dose had not done her so much good as the former medicine, nor had it brought away so much of the worm. As the case is still under treatment, he intended to publish it when cured.

Dr. Blake had not referred to the symptoms of worms. Mr. Thomas believed those enumerated above were the most characteristic; but the rule adopted by all practical men, when nervous symptoms present themselves of an irregular description, was at once to satisfy himself upon this point.

He would ask Dr. Blake to state, as he had not clearly understood him, whether in a case of trichiniasis the severity of the illness depended upon the site occupied by the trichinæ, or the number of the parasite, or both; and also, whether, if the patient outlived the "migratory period," we may expect him to recover.

Mr. ROBERTSON observed that some of the earlier cases of trichiniasis which occurred in Germany, from presenting the symptoms of violent purging, vomiting and cramps, were mistaken for cholera, while others were suspected to be cases of poisoning.

With regard to the symptoms of tænia, he had found that a sensation of sinking and gnawing at the epigastrium was one most frequently present in that affection.

He then read a letter which appeared in the *Standard* newspaper of Feb. 27th, signed "R. Bithell, B.Sc.Ph.D.," shewing that a worm in cod-fish might survive cooking by boiling, unless care was taken to perform the process thoroughly. The following are the main points of the letter:—

"SIR,—In a masterly article in your impression of Monday last, a fact is alluded to in connection with the discussion on the 'trichina disease' which is causing a great deal of uneasiness among the eaters of pork, viz., that a parasitic worm had made its appearance all alive from a boiled cod's head. This fact is mentioned in a paper of Professor Owen, communicated to the Zoological Society in 1835, in the following words:—'It recently happened that two medical gentlemen, having sat down to partake of a cod's head and shoulders, were disagreeably interrupted

## REPORTS OF SOCIETIES.

in their repast by the appearance of a large lively round worm, which on the first cut of the fish escaped therefrom, and began to coil and uncoil itself on the edge of the dish. Now this worm must have been submitted to the temperature of boiling water for at least half an hour, and the entozoa would thus appear to endure with impunity extremes alike of cold and heat.'

"Now Professor Owen, intent on zoology, was here a little lax on his physics, as I have no doubt he would with his usual frankness acknowledge; for in the first place it is impossible by mere boiling to make the temperature of boiling water penetrate any considerable distance into the mass of a piece of meat or fish. In the second place, there is no evidence that care had been taken to raise the temperature of the deep-seated portions up to the point which is sufficient for cooking them, namely, 168 deg. or 170 deg. I therefore dismiss from my mind at present all disagreeable apprehensions, so long as I can get my meat thoroughly cooked, but at the same time admit that this is a point that requires further investigation."

Dr. SHARP thanked Dr. Blake for his paper, and was very glad it had taken such a practical turn. He agreed with Mr. Thomas in believing that no symptom could be regarded as pathognomonic of worms; several symptoms might make them to be strongly suspected, but only ocular demonstration could prove their existence. The eradication of worms is often difficult, and a great many remedies have been recommended for the treatment of them; as a practical matter in relation to this difficulty, he would venture to mention *arsenicum*, a drug he had often found useful in the treatment of ascarides (thread-worm); he mentioned this because he believed it was not given a prominent place in our text books. He thought it probable that, in one case, a tænia was expelled by *arsenicum*. He should be disposed to give it in trichiniasis.

With reference to another remark of Mr. Thomas, on the difficulty of ascertaining the limits within which the principle of homœopathy ought to be confined, he thought some useful hints might be found in the *Investigation of Homœopathy*: "Essay V. The principle of homœopathy, its limits with reference to disease;" and "Essay VI. Its limits with reference to remedies."

## REPORTS OF SOCIETIES.

Dr. Sharp thought it desirable that medical men should be on their guard against being led astray by the present excitement, into fancying cases instances of parasitic disease. Such a mania has happened before: about the end of the last century and the beginning of this, such diseases as measles, small-pox, and even contagious diseases of nearly all kinds, were ascribed to worms. He would also venture to give another caution, namely, against frightening the public about the dangers of eating pork; he believed that, to the majority, pork was a wholesome meat, if eaten in moderation and proper care taken to have it thoroughly cooked; it should be remembered that pork is a heavy or solid meat, bulk for bulk much heavier than mutton, and therefore less in proportion (that is as to bulk), should be eaten. Hippocrates places pork among the most digestible meats; and now that the plague is carrying off our cattle, and we may have to depend more than we have hitherto done upon pork, it is the more necessary for us to be careful not to alarm the public in respect of it. Of course pork, like all other meat, will be more or less wholesome according to the manner in which it has been fed.

Mr. HITCHMAN asked if Dr. Blake proposed to give medicines to act upon the trichina or upon the system generally.

Dr. BLAKE then made the following remarks in reply:—In answer to Mr. Thomas's observations upon the symptomological treatment of tape-worm, Dr. Blake read another extract from the *Organon*, shewing that the reflex symptoms produced by tape-worm may be allayed by medicines given in small doses and selected homœopathically.

The severity of illness in trichiniasis depends principally upon the number of embryos swallowed, but partly upon the course which the trichinæ take in their migration, and the position they finally take up—fortunately they seldom select the heart. When the trichinæ become encysted, we may expect the patient to recover.

Mr. Robertson spoke of the likeness that trichiniasis bore to cholera, and Dr. Blake remarked that the recent epidemic of the former disease at Hedersleben was mistaken for the

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**THE CHOLERA.**

latter. With regard to the letter quoted by Mr. Robertson and the question of temperature, Dr. Blake observed that if the whole of the meat, inside as well as out, be exposed to a temperature of 164 F. the trichinæ are all killed.

Dr. Blake thanked Dr. Sharp for his suggestion of *arsenicum* for the cure of thread-worm.

Dr. Blake did not quite understand Mr. Hitchman's meaning; but if he intended to ask whether Dr. Blake would use a remedy which would cause the death of the trichinæ, and which at the same time would be harmless to the man, the answer would be affirmative.

The proceedings then terminated with a vote of thanks to the President.

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**NORTHERN HOMŒOPATHIC MEDICAL  
ASSOCIATION.**

THE next meeting of this Association will be held at MANCHESTER on the 11th of May. Papers will be read by the President-elect, Dr. Drummond, and Dr. Hayle, of Rochdale. Gentlemen who are desirous of joining the Association are requested to communicate with the Hon. Secretary, 9, Bootham, York, on or before the 26th inst.

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**THE CHOLERA.**

IN a letter addressed to Dr. Perussel by Dr. Turrel, of Toulon (published in the December number of the "Bulletin" of the Homœopathic Medical Society of France), the writer discusses with much acumen the question, whether this dreaded scourge is or is not contagious, principally in reference to the question of quarantine. He thinks that all the facts observed contradict the doctrine of contagion, or, at least, argue against its being contagious in the same sense as measles, scarlet fever, or small-pox are acknowledged to be contagious; were it otherwise, he argues, that the physicians, the nurses, the priests, and all those around

## THE CHOLERA.

the beds of the cholera patients would suffer from the disease. On the other hand, he deems cholera infectious, and holds that a number of cholera patients grouped together may create a focus from whence miasms may radiate and propagate the scourge from place to place.

"This doctrine, which assimilates the mode of transmission of cholera to that of typhus and typhoid fevers, is more in conformity with the facts observed." Still, Dr. Turrel admits that this does not explain all the facts with regard to the spread of cholera; how at one time it is manifestly imported into certain localities by one or several persons; while, in other epidemics, it appears simultaneously over almost the whole surface of the world, as in the epidemic of 1849.

Hence, he says, we must admit that though groups of cholera patients may form a "focus of infection," they are only so when certain "local conditions favourable to the development" of cholera exist. In other cases, the propagation of cholera leads him to infer that certain "invisible and intangible causes of cholera" may be transported through the air to considerable distances, acting like ferments when they find, in the air of any locality, a medium favourable to their deleterious action.

Dr. Turrel traces the origin of cholera to India, "where it is endemic at the Delta of the Ganges." Here, he says, over a space of nearly 100 square leagues, is a spot covered with marshes, where alluvial matters accumulate, which, heated by a tropical sun, give birth to miasms so pestilential that the human frame cannot resist them. To all these causes of unhealth is to be added the Indian habit of consigning their dead to the Ganges, which bears the decomposing bodies down seaward, polluting the air in their course, and depositing them upon the marshes of the Delta.

From this source Dr. Turrel traces the course of the



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present epidemic of cholera to Mecca, it having been carried there by the Indian pilgrims, who, mixing with the two hundred thousand Mahometan pilgrims, found in the filth inseparable from so immense a crowd, and in the putrid exhalations from the offal of animals sacrificed before the Kaâbah, a rich soil (so to speak) for the development of the scourge in its full fury. Dr. Turrel places the number of animals sacrificed by the devotees at one million. We can readily understand how their unburied offal, decomposing under a sultry sun, would taint the whole air. Then, by an unhappy coincidence, during the time of this pilgrimage there was a terrible murrain among the cattle in Egypt, where the dead bodies of the diseased beasts were cast into the Nile, whence they floated down to the Delta of that noble river and blocked the canal of Mahmoudie.

Thus the cholera route was formidably marked out from the Ganges to the Mediterranean, passing step by step to Mecca, Djedda, and Alexandria.

“How then can we hesitate to admit that the cholera will find new foci wherever it shall find conditions analogous to those found in its original habitat, and that the insalubrity of towns will be the chief cause of their devastation by the Indian scourge?”

Hence, Dr. Turrel argues, it is illusory and dangerous to count too much upon quarantine to check the development of the epidemic, for quarantine can in nowise exclude the germs of extreme morbid power, floating in the atmosphere, invisible and intangible. Quarantine may, indeed, lull the population of towns into a dangerous sense of security, while it prevents the inquiry into, and the correction of, the causes of the propagation of the scourge existing within their own walls.

The writer then proceeds to speak of the present epidemic of cholera in Toulon. “If Toulon has been more

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severely stricken than Marseilles, it is because the town is by much, and for a long time has been, the filthiest town in France. Its atmosphere is infected permanently by nauseous emanations from the sewers and from the docks, —a vast cesspool, where simmers a mass of fermenting matter, incessantly disengaging infectious miasms."

One specific instance, in proof of the foregoing observations is detailed at some length by Dr. Turrel. A small town about twelve miles from Toulon, named Solliés-Pont, containing 3,000 inhabitants, was suddenly invaded by cholera. On the 25th of September there was no symptom of the malady. On the 26th, the startled population found that, in the night, 60 persons had been seized with cholera, and of these 55 had died. On the 27th, 40 cases occurred, and for the most part proved fatal. On the 28th, so alarmed were the inhabitants, that there remained only 400 to 500, the rest having fled from the place, and of these 10 died of cholera on that day.

This sudden attack is thus accounted for by Dr. Turrel. The river Gapeau, which traverses Solliés-Pont, was nearly dry during the dry season; into this river the sewage of the town, the discharges of paper factories, tanneries, &c., were accumulated. While dry, these offensive matters did little harm, but on the 24th of September there was a rain, sufficient to soak these matters but insufficient to carry them away. The heat was excessive for the season, and set up an active fermentation, which disengaged dangerous miasms, and these afforded an abundant soil for the fructification of the deadly epidemic. A still heavier storm, a few days later, as suddenly removed the pestilence by washing the filth away and restoring the balance of ozone.

Dr. Turrel then proceeds to give numerous other illustrations to prove his point that *the cholera develops only where it finds an atmosphere already tainted*, instancing Constantinople, where 35,000 deaths occurred in 70 days,

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San Severo, in the kingdom of Naples, and many other places where dirt, bad drainage, and a neglect of sanitary precautions solicited the disease, which entered *in spite of quarantine*. He also notes Southampton, but has a word of praise for the manner in which the invasion of the disease was met; "the population having spontaneously convened a great meeting, and, with the determined and practical spirit which characterises the English, adopted the most energetic measures of hygiene."

We regret that we have not space to give more than this slight sketch of Dr. Turrel's interesting letter, and must close our notice with his very practical conclusions: That our European towns ought not to allow their sewage accumulations, abandoned to putrid fermentation, to poison their population, but ought rather to collect these fertilising materials, and to use them for the purposes of agriculture and for the fecundation of our fields. Further, that leprosy, the plague, and cholera can, and ought to be, suppressed in the places whence they originate; and that these scourges demand international measures for their suppression. Dr. Turrel thinks that there would be little difficulty in establishing an understanding among civilized nations menaced, on the one side by the cattle plague, endemic in the steppes of Hungary and the valley of the Lower Danube, and on the other, by the cholera, in permanent possession of that, almost, island at the mouth of the Ganges. Already an international commission for both purposes has been proposed; and, for the first of these two objects at least, is already constituted.\* With respect to the cholera, Dr. Turrel thinks that it can only be finally arrested and destroyed by the drainage and cultivation of the Delta of the Ganges.

Without fully endorsing Dr. Turrel's opinion as to the Delta of the Ganges being *the source of the cholera*, we

\* The international *Conference on Cholera* has also been in session, since the publication of Dr. Turrel's letter.—ED. M.H.R.

## TYPHOID FEVER AT KENDAL.

think his views of sufficient importance to claim a calm investigation and full consideration.

With regard to the treatment of the epidemic cholera of 1865 at Toulon, Dr. Turrel merely mentions that the most efficacious remedies were *spirits of camphor*, *arsenic*, *veratrum*, and *copper*, according to the symptoms of each case, with some other remedies when indicated. On the importance of these cardinal remedies for cholera we most fully agree with Dr. Turrel.

"As to allopathy," he says, "she has always vainly attempted to conceal, under a multiplicity of formula, the poverty of her resources, and has shewn the danger of a want of precise indications and of a scientific basis for the treatment of the disease."

## THE EPIDEMIC OF TYPHOID FEVER AT KENDAL.

By WM. FREEMAN, Esq., Surgeon, Kendal.

At the end of October last year the writer settled at Kendal. Immediately he found himself called upon to treat an epidemic of Typhoid Fever then existing in the town. Though this is a well known and well understood disease, yet every individual epidemic has its own special features, and they are often of great professional interest.

In giving some account of the present prevalent disease, it seemed best to take a definite period sufficiently far back to allow the results of treatment to be given—and to give the special points of every case of fever coming under notice during that period. In this way the general tone of the epidemic will be understood much better than from a few picked cases. In addition to these, two cases which have been treated since that period have been given in order to illustrate some of the specialities of the epidemic.

## TYPHOID FEVER AT KENDAL.

The time chosen for consideration is from October 29th, 1865—the date of the writer's first case in Kendal, till December 31st, 1865—a period of 63 days.

In addition to the cases given below, a certain number of cases of suspicious feverishness were treated which recovered in a day or two. *Rhus* 3 at first, and in the later cases *baptisia tinctoria* 1 having been given. The doubt as to the real nature of these cases rendered it better to omit them in the account below.

Omitting then these doubtful cases, 53 cases of fever and 2 cases of sequelæ of fever, making together 55 cases, were treated by the writer during the period named. Of these 52 were cured, 2 remained under treatment at the end of January for the sequelæ of the fever—and one case *died*, from convulsions after the fever had ceased and convalescence was somewhat advanced.

As a rule these cases ran the following course.

A general malaise for several days, sometimes with a certain amount of shivering, was succeeded by a sense of weakness, by some aching in the head, back and limbs, loss of appetite, with a furred tongue. There was weight over the eyes—the headache was generally frontal and weighty. There was a certain amount of delirious disturbance at night, varying from a mere uneasiness and inability to sleep, to delirium proper. These symptoms increased as the disease went on; the tongue became browner, flatulence and abdominal tenderness appeared, the strength rapidly diminished, the pulse became smaller and quicker, till the time for the usual change came round when there was a cessation of all the symptoms except the exhaustion, which it required many days of careful nursing to remove.

Such was the general course of the cases detailed—and this description is given once for all as an integral part of every case given below, it being understood that it is

TYPHOID FEVER AT KENDAL.

only a generalization (the characters of the natural order, so to speak, of which the cases given are genera and species).

Most of the cases will be seen to have had special symptoms not given in the above description—or the symptoms given have become so prominent as to require special notice.

The length of treatment is named in most of the cases, and always includes the time from the first attendance till the patient was discharged convalescent.

On the whole, the cases have been very light for fever, much less severe than in the epidemic at Cambridge in 1860 and the following years, but the prostration after the fever had ceased was extreme, and it became necessary to exercise great caution in the management of the convalescent.

Our allopathic friends lost more than one patient through giving permission to go to work too soon.

By the end of November this danger had become so evident to the public that there has been no difficulty in restraining the desire, even to go out of doors.

The disease has been almost entirely among the poor, the better classes having escaped nearly untouched—one surgeon had a severe attack.

The following is a short abstract of the cases.

CASE I.—Seventeen days. A young man had diffused exudation, the size of an egg, on the posterior aspect of the neck; some cough; very weak. *Rhus tox.* 3; afterwards *arsenic* 3, *phosphorus* 3, and *hepar sulph.* 3. Fever was cured; the strength very much restored; but the tumour was very little diminished.

CASE II.—Twenty-eight days; young woman. Vomiting, diarrhœa, and much headache. *Rhus* 3 and *puls.* 3, then *rhus* 3 and *arsen.* 3; afterwards *belladonna* 3 and

## TYPHOID FEVER AT KENDAL.

*arsen.* 3. This patient fainted when she was much improved, and was thus thrown back at least a week.

CASE III.—Eleven days. Diarrhœa; rheumatic pain in the joints. *Rhus* 3 and *arsenic* 3.

CASE IV.—Thirty days; a lad. The fever had been removed from under hydropathic treatment, by his father. No symptoms present except extreme prostration; trembling tongue, lips and face; pulse too fast to be counted; a little delirium. *China* 3 and *china* 12 failing to improve the condition, *quinæ sulph.*  $\frac{1}{30}$  of a grain every four hours was given. The patient slowly but steadily mended.

CASE V.—Twenty-two days. Rheumatism; a good deal of delirium; tongue brown and dry. *Rhus t.* 3 and *bellad.* 3; afterwards *bell.* 3 and *arsen.* 3, then *rhus* 3 and *arsen.* 3. He had a relapse on returning to work, but is now well.

CASE VI.—Six days. No special symptoms. *Rhus* 3.

CASE VII.—A child, 5 years old, had recovered from fever under allopathic care. There remained a flow of 4 to 6 pints of urine (sp. gr. 1010); no sugar. *Causticum* 30 was given. The urine decreased for a time, and then increased. The *causticum* was omitted. The urine decreased for a time, and then increased. *Causticum* was resumed and left off with the same result, but a gain upon the whole. On taking *causticum* the third time the child became cured, and is now quite strong.

CASE VIII.—No special symptoms. *Rhus tox.* 3.

CASE IX.—Eight days. Cough. *Rhus* 3 and *phosph.* 3.

CASE X.—Fourteen days; a child, 18 months old. Acute pneumonia came on after four days' treatment. *Rhus* 3 and *ars.* 3, succeeded by *phosphorus* 3, and afterwards *lycopodium* 200 and *carbo veg.* 1.

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CASE XI.—Six days. Diarrhœa, delirium, and acute rheumatism of all the large joints. *Rhus t. 3* and *arsen. 3*.

CASE XII.—Twenty-six days; child. Pneumonia. *Rhus 3*, afterwards *carbo veg. 6* and *lycopod. 200*.

CASE XIII.—Five days. Cough. *Rhus 3* and *phosph. 3*.

CASE XIV.—Twenty-three days. Dysenteric stools. *Rhus. 3* and *merc. corr. 12*.

CASE XV.—Twenty-three days. Dysenteric stools. *Rhus 3*, *merc. corr. 12*, and afterwards *arsen. 3*.

Cases 14 and 15 were two children in the same house. The usual sink for filth at the front door.

CASE XVI.—Diarrhœa; cough. *Baptisia 1*; *phosph. 3*.

CASE XVII.—Diarrhœa, cough, delirium and stupor. *Baptisia 1* and *arsen. 3*, followed by *bell. 3* and *ars. 3*.

CASE XVIII.—Diarrhœa and cough. *Baptisia 1*.

CASE XIX.—Diarrhœa and cough. *Baptisia 1*, *china 3*.

Cases 16, 17, 18 and 19 were four children in one family, living in a house built over an open shed. During the day time the door was constantly open. There were many crevices half an inch wide between the floor boards, but in spite of these the house smelled like a pig-stye. The floor was thickly coated with dirt; the walls grey with filth. The children and their clothes looked too foul to touch.

There was an appearance of competence about this poor empty house. Mother and children were all well nourished. An incident occurred which showed that they had credit at the huxter's near. Sufficient food was observed several times in the house. Wilful filth was the cause of these four cases of fever.

(To be concluded in our next.)



## CLINICAL REPORTS.

## A CASE OF FATAL MALIGNANT PUSTULAR DISEASE.

Reported by DR. NEWMAN, Bath.

A YOUTH, æt. 17, in respectable circumstances, was seized with chills and vomiting on March 8th, 1866. His relations thought it a simple bilious attack. The next day (March 10th) he was still unwell, but apparently not seriously indisposed.

On March 11th, being still complaining, I was called in, and saw him towards the latter part of the day. He was then sitting up by the fire, complaining of pains in his limbs and general malaise, but he did not appear to be seriously ill. I prescribed *bryonia* 30 every four hours.

On the 12th I called again to see him, and found him utterly prostrated, lying on his back in bed, his skin bathed in profuse sweat; his pulse very rapid and fluttering; his tongue greatly swollen, dark red, almost purple; his left hand swollen and blotchy (like the swelling of erythema nodosum); the whole arm greatly swollen, though pale. The right hand had on its dorsum an inflamed patch about half an inch in diameter, surrounded with some swelling; the ulnar side of the hand was swollen and erythematous, and the swelling was extending up the ulnar side of the arm.

The mental condition was very peculiar. The lad knew persons, and would converse sensibly as to his condition; but he was quite oblivious to his being in bed, and thought himself in a church, or at other times at his office.

Prescribed *arsenicum* 30 every two hours, and strong beef-tea, &c.

13th. The patient was still worse. I deemed the case to be utterly hopeless; but to divide the responsibility I called in Dr. Bayes and Dr. Morgan, who saw the case with me at 4 P.M.

The boy was lying on his back, diagonally across the bed. He was in a profuse sweat. His tongue was a dark red, inclining to purple, a swelling on the left side as large as a small plum; the right side of the tongue was covered with deep pittings, as

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if vesicles had burst and left cavities. On his forehead was a small, round, flattish pustule. His right hand was swollen slightly on the dorsum, with a vesicle (which was about  $\frac{1}{4}$  of an inch in length by  $\frac{1}{2}$  an inch in width) filled with sanious fluid over an inflamed base, opposite the index finger. An erythematous blush was round this vesicle, and two or three small flattened pustules round it. The ulnar side of the arm was swollen, and in parts erythematous. The left hand was greatly swelled, with erythematous patches, raised above an inflamed surface, and about two inches across. The forearm was considerably swollen. The left thigh shewed two flattened pustules. The shin had two erythematous patches upon it, precisely similar to those seen in erythema nodosum. The pulse was fluttering and countless; the skin bathed in profuse, acid-smelling sweat. The patient answered questions apparently sensibly, but was quite unconscious that he was in bed, and supposed he was in his office,\* and that he had been taking a long walk and was tired. There was no distress of breathing; no complaint of pain. The joints were not affected. Ordered brandy and water to be given freely, and beef-tea, &c.

The medicinal treatment suggested was *rhus toxicodendron*, which was strongly indicated by all the symptoms present; and *arsenicum*, which was indicated by the general pathological condition. It was suggested that these remedies should be given in alternation; but to this I could not consent, as being contrary to my usual practice. *Rhus* therefore was prescribed solely, and given every two hours.

At 9 o'clock P.M. he was much the same, and an hour before that appointed for our second consultation, at 12 the following noon, he died.

(Remarks by Dr. Bayes.—No cause could be assigned for this attack, though a careful enquiry was made. There had been some cases of small-pox on the top of the hill, some 200 ft. above the house occupied by this patient's friends. The house itself appeared healthy, and was on the side of a steep hill, at an elevation

\* He was in an architect's office.

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of probably 200 feet above the valley. The other inmates of the house were healthy. The case was evidently one of *septic* disease of a virulent type. Its very rapid course makes it impossible to say, whether or no these erythematous patches would have ultimately proved carbunculous; we must therefore content ourselves with recording the symptoms above graphically and carefully described, and adopt the name which heads this paper. In one of the Registrar-General's recent weekly reports, three deaths are described from *malignant pustule*. Has this disease any relation to unwholesome animal food? and are these cases likely to remain isolated, or do they foreshadow some new epidemic, the consequence of the present disease among our flocks and herds? The above case was not one of malignant pustule running its ordinary course: may we assume that the whole system was overwhelmed by the virulence of the blood-poison, and that the reactionary power was insufficient to develop the pustules?)

## PHYTOLACCA DECANDRA IN DIPHTHERIA.

## CASE I.

Reported by EDWARD T. BLAKE, Esq., Surgeon, Wolverhampton.

Feb. 20th, 1866. A tall delicate looking boy, aged 14, white transparent skin, is subject to fainting; has had diphtheritic sore throat; bowels acted yesterday; throat felt a little sore yesterday night; fainted this morning, and complained of slight earache; urine plentiful; feels a little "shivery;" pulse 128; tonsils are enlarged, and on each there is a narrow streak of yellowish white exudation, about half an inch wide. *Aconite* 3, *belladonna* 3, alternately; linseed meal poultice.

Feb. 21st. Morning. Patches larger; p. 124; r. 20; t. 100° F.; faint; restless in sleep; drowsy all day; no cough; no shivering. *Belladonna* 3, *merc. beniod.* 3; continue poultice.

Evening: p. 120; t. 100-2°.

Feb. 22nd. 1 P.M.: p. 88; t. 99-2°; has slept quietly; patches not larger; can swallow better; a little earache; no cough; no glandular swelling; tongue very white; bowels have not acted. Rep. med. &c.

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8-45 P.M.: p. 86; t. 99°.

Feb. 23rd. 10 A.M.: p. 100; t. 98-6°; patches steadily diminishing; restless; dry skin; bowels have not acted; urine thick. Rep. med. &c.

Feb. 24th. 10 A.M.; p. 76; skin dry; patches on tonsils are very much better, but the exudation has made its appearance in a new locality, the uvula is covered with an even, thick, white, creamy coating. Rep. med.

9 P.M.: p. 76, irregular and rather feeble.

Feb. 25th. 10 P.M.: p. 74; has slept quietly; tonsils nearly cleaned; throat feels better; uvula is in the same state; the pulse all through has been feeble and irregular; hitherto he has had two glasses of port daily, with beef-tea and eggs, is now to have a chop and a pint of champagne for dinner, beef-tea and eggs for breakfast and tea, a little beef-tea at bed time, and a glass of milk on waking; the day and night nurses have received strict orders to give champagne freely on the least indication of faintness. Rep. med. &c.

9 P.M.: p. 72.

Feb. 26th, 10 A.M.: p. 70; throat continues to mend, but the exudation on the uvula has spread to the anterior arch of the soft palate. The *bell.* and *merc. biniod.* have either exhausted their effect or are no longer indicated. No pain, nor headache; no sediment in urine; bowels have not acted; many yellow sores on lips. *Phytolacca*  $\phi$  gtt. j. 2 dis. horis.

8-20 P.M.: deglutition more easy; p. 90; deposit has disappeared from arch of soft palate; lips better.

Feb. 27th. 12 A.M.; p. 62; has slept well; throat feels easier; tonsils much smaller, exudation on them gone; the uvula is clearing *from above down*, the reverse order of its deposit; no pain; urine thick. Rep. med. &c.

Evening: p. 62; going on well. There is now only a little patch of exudation at the tip of the uvula.

Feb. 28th. 10-20 A.M.: p. 76; all exudation is now gone; the mucous membrane of the throat is much engorged; slight cold in head; nose stuffed; no pain nor faintness; no albuminuria. Is to suck ice constantly. Rep. med. &c.

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March 2nd. Slight epistaxis; loss of memory. After this the patient steadily progressed to convalescence; the ice, with *capsicum* internally, were of great service in removing the subsequent engorgement.

In this case *phytolacca* evidently arrested a secondary deposit, when *bell.* and *merc. bin.* had ceased to be of service.

The same disease affected more slightly two other boys at the same school. One was placed under my care, and received much benefit from *phytolacca*  $\phi$ .

## THIRTEEN CASES,

Reported by DR. H. WARNER BUBB, Cambridge.

I HAVE much pleasure in adding the results of my experience on the value of *phytolacca* in the treatment of diphtheria, to the cases already reported in the *Review*.

I will not take up too much valuable space in commenting upon each of the thirteen cases, which have been under my care since my residence in Cambridge, as all have been treated alike, and all, I am happy to say, have recovered. The details of one case taken at the time will be sufficient.

## CASE I.

Nov. 17th. I was sent for to see a gentleman, age about 30, tall, strong and muscular. Had been suffering for two days from what he considered to be "relaxed throat," till that morning at breakfast, when considerable pain and difficulty was felt in swallowing, becoming alarmed he sent for me.

On examination, the tonsils, uvula and back part of the tongue were covered with the characteristic ash-coloured exudation of diphtheria; intense congestion of the mucous membrane of the fauces; and great pain extending upwards to the ears. I lost no time in ordering a poultice of spongio piline to the throat, to use frequently a gargle of *phytolacca decandra*  $\phi$ , one drachm to the pint, and to take  $\frac{1}{3}$  of a drop doses of *phytol. decand.* 6 every half-hour.

18th. Twenty-four hours after commencing the treatment, I was agreeably surprised to find that except on the left tonsil, and a few patches here and there, that the exudation had dis-

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appeared; throat still much congested, but not so much pain in swallowing. Continue the treatment.

19th. Throat entirely free from exudation; an abraded clean surface remaining on each tonsil. The patient was able to take a chop to-day in addition to beef-tea, port wine, &c. Continue.

20th. Much less congestion; the mucous surface looks healthy; feels very weak. Ordered *arsenicum* 6 every four hours; *phytolacca* night and morning.

24th. Quite well.

CASE II.

In only one of the twelve other cases—a delicate girl—did I feel any fear of the result. In this case there were traces of the exudation for five days; she recovered on the 14th day.

In conclusion, I must ask my professional brethren not to despair if *immediate* benefit is not felt from the treatment; and, above all things, do not resort to other remedies, which have been tried and found to be “wanting.”

FOUR CASES,

Reported by DR. R. RHODES REED, King's Lynn.

CASE I.

Nov. 4th. Mr. D. came from Wisbeach (a town 14 miles distant) to consult me about his child, who was suffering from sore-throat and difficulty of breathing. The child had been ill four or five days; but as there was no homœopathic practitioner in the neighbourhood, the father had been treating the case himself. He thought it was a case of croup.

On my arrival at Wisbeach (at 4 P.M.) I found the patient, a boy about 4 years old, suffering from diphtheria in an advanced stage. Both tonsils were much swollen, and completely covered with dirty white pseudo-membrane; fauces and soft palate highly inflamed; tongue protruded, thickly coated at the back part, and fiery red at the tip; deglutition almost impossible; high fever; pulse 140. He cried loudly, complaining of headache and aching in the limbs. Great prostration. I gave a very unfavourable prognosis.

*Treatment.*—Applied a wet compress to the throat. Gave

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*phytolacca decandra*  $\phi$ , a drop to be taken every half-hour for six doses; then, if relieved, every hour. A strong solution of the same, one part to three, to be applied to the tonsils with a camel's-hair brush, every two hours.

I directed the father to telegraph the next day, if he wished me to visit the child. That day, being Sunday, no telegram could be sent. On Monday, 6th, I received a letter stating the child was so much better that I need not come.

On Tuesday, 7th, the father came to Lynn. He said that after four doses the child seemed to breathe more freely; after twelve hours the pseudo-membrane began to come away in large patches; and on the morning of the 8th the tonsils were quite clean, but very red and tender.

The medicine was continued every two or three hours during the 8th and 9th (gradually increasing the intervals), when the child was cured.

## CASE II.

Miss W., Terrington (about four miles from Lynn), called on me Dec. 23rd, complaining of sore-throat, headache, and pain in the limbs. She rode home in an open conveyance.

Sent for me on 24th. Found her suffering from severe frontal headache; aching limbs; fever; sore-throat; difficulty of swallowing. There were three or four small patches of diphtheritic membrane on left tonsil; both tonsils much swollen; pulse 120; face flushed; and great thirst.

Gave *aconite* and *belladonna* every two hours, in alternation.

25th. Had a restless night; considerable fever; left tonsil swollen; two-thirds covered with false membrane; a few patches on right tonsil.

*Treatment*.—Applied cold compress. *Bellad.* 1, *merc. protiod.* 3, in alternation every two hours.

26th. Much the same. Both right and left tonsil covered with diphtheritic membrane. Continue medicine.

27th. No decided improvement. Tongue much coated; breath fetid; glands of neck very tender; both tonsils covered with the membrane.

Gave *phytolacca d.  $\phi$* , 3 drops every hour. A gargle of the

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same, 30 drops in a small tumbler of water, to be used every hour. Wet compress to the throat.

28th. Feels better. False membrane on left tonsil loosened, and partly displaced; slept several hours; less fever; pulse 90. Continue treatment.

29th. Still better. Left tonsil free from membrane; right partly cleared.

30th. Both tonsils reduced in size; quite clear from membrane; very red and inflamed. Continued medicine at longer intervals till Jan 1st. No more treatment required.

CASE III.

Jan. 6th. Case in the same house. The servant, a strong, healthy-looking girl, about 20; florid complexion. Sore-throat came on suddenly in the night, two nights before. Said she awoke in the night feeling very chilly, and her throat very dry.

Saw her on the 6th. Both tonsils much swollen, and completely covered with pseudo-membrane; all attempts to swallow cause great pain; tongue much furred; considerable fever and headache; pulse 110.

Commenced with *phytolacca d.* at once. Gave 3 drops strong tincture every hour. Gargle, 50 drops to half a pint. Wet compress to throat.

7th. Being called to Cambridge, could not see her.

8th. At 4 P.M. called, and found her with tonsils quite clean, and, to my great surprise, so much better that she wanted to get up.

Kept her in her room two days, taking the same medicine every three or four hours. Cured.

CASE IV.

Soon after the above case, I treated another patient in the same house; a near relative of my own. This patient has a delicate constitution and consumptive tendency.

I first gave *acon.*, *bellad.*, then *phytolacca*. The latter was continued for twenty-four hours; but as there was no decided effect or improvement, and I was perhaps rather nervous about the case, I did not continue the *phytolacca*, but recurred to the treatment I have so many times found successful, viz., *bellad.* and *iodide of mercury*. This case was a fortnight under treatment, but recovered, leaving great prostration.



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RÉVIEWS.

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*Who Wins? Being the Autobiography of Samuel Carlingford, M.D.*  
Second Edition. London: Simpkin, Marshall & Co.

THE appearance of a second edition of a novel, within a comparatively short period, is a mark of success, which many would gladly receive at the hands of the public. On having obtained this signal of general favour, we candidly congratulate the author of the work before us. We do so all the more because we feel it to be well merited. Though obviously written to advocate homœopathy, its interest as a tale, its descriptions of scenery and its story of love are not one whit lessened thereby. Homœopathy is introduced under many and varied circumstances; but they are all *real*; they all bear about them the true stamp of reality; they are all perfectly natural. It describes, as we stated in this *Review*, Vol. VIII. p. 446, the incredulity, the scepticism, the doubts, the feeble provings, the experimentalism, the full conviction of a man who first hears of homœopathy, and imperfectly comprehending its philosophy, treats its claims with sneering contempt; is at length induced by the relentless logic of facts to examine for himself the truth or falsehood of a system so opposed to medical prejudices. The autobiography is well and earnestly written; there is a life-like factism about it which keeps up the attention; the arguments in favour of homœopathy are forcibly and fairly advanced.

By a work of this kind homœopathy is brought under the notice of many who have either never previously heard of it, or who having heard, have refused to pay any heed to its intrinsic value. To all who feel anxious to increase the growing interest felt in our medical system, we commend the circulation of *Who Wins?* feeling sure that, by its dissemination, they will gratify the taste for a good novel, and excite a desire for further information on homœopathy.

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*The American Homœopathic Review*, for January and February, 1866,

Commences with Dr. A. R. MORGAN's address on "Fidelity," which is conceived in the spirit of a counter-blast to anti-

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Hahnemannians. The writer speaks of "low-dilutionists" as a "turbulent class," who "delight in seeing, feeling, smelling and tasting their remedy; they turn their backs to the proffered manna, and hanker for the leeks and onions of Egypt," &c. &c.

We find two pages later, that the author speaks in terms of the highest praise of Hahnemann's prescience in anticipating that *camphor* would cure cholera. If Dr. Morgan has any tincture of *camphor* in his possession, he will be able, on taking the cork out of the bottle and putting it to his lips, to indulge himself in "seeing, feeling, smelling and tasting" this essentially Hahnemannian remedy, *verbum sap.*

Dr. HAWLEY writes another article on "Alternation," in which he says that in the review of this *questio vexata*, on p. 430, Vol. IX. of our *Review*, we quote his article to support conclusions "far beyond anything intended by the writer." Will Dr. Hawley, in some future communication, shew in what way we have misunderstood him? He appeals to facts and gives his conclusions upon those facts, and we simply related the facts as stated in his paper.

Dr. FINCKE contributes a paper on "Tocology."

Dr. A. LIPPE, on "Intermittent Fever," takes his usual pleasure in addressing "those unfortunate men who call themselves *homœopathicians*, but reject Hahnemann's teachings." His paper is excellently theoretical. We should be better pleased if the writings of his school were of a practical nature, and gave us *facts* in illustration of their theories—well worked out cases, carefully diagnosed, with the reason given why a special remedy was selected; and the whole course of the disease clearly mapped out.

Dr. D. A. GORRON gives a case of "Typhoid Fever complicated with Jaundice." This patient was treated throughout with *high dilutions*, i.e. 30ths: commencing on August 27th *mercurius sol.* 30; on 29th, *nux vom.* 30; on 30th, *mercur. sol.* 30; Sept. 5th, *arsenicum* 30; 11th, *mercur. sol.* 30; 16th, *lycopodium*, and one dose of *arsen.* 30 at night; 23rd, *sulphur* 30; 28th, *china* 30; 30th, *lachesis* 30. We have now arrived at the 35th day of treatment and this is the report. "The case now looked

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discouraging enough. He was extremely emaciated; thirty-one days had elapsed since the last passage from the bowels, and still no rumbling sound could be heard—nothing indeed to indicate that they were ever to move." An injection of warm water was then used, and slight relief given. *Lachesis* 30 was prescribed for an inflamed parotid gland. Oct. 12th, *nux vom.* 30; 21st, "he is able to walk down stairs, and takes long drives." *Land at last!*

We do not quote this case to cavil at the power of the 30th dilution, nor to illustrate the advantages of strict Hahnemannianism; but we think those who sneer at low dilutions, will do well to study this case and then turn to the records of cases treated by the lower dilutions and strong tinctures. No one can fairly criticise the termination of a case which he has not seen; and this malady may have presented complications which made its cure, even though long deferred, a very satisfactory subject for the contemplation of the physician in charge. We would simply say that when *typhoid fever* shews so intractable a front to 30th dilutions as to resist their power for eight weeks; when constipation, in such a case, fairly baffles dilution 30 after a thirty-one days' battle, and forces the prescribers as a *dernier resort* to use an injection, it behoves them to curb the boasting spirit which we find in such passages as the following:—"The failure to cure intermittent fever with homœopathically chosen remedies and potentized medicines must rest with the practitioner, who either does not understand or cannot properly apply the homœopathic law." (Dr. Lippe, p. 261, *op. cit.*). Such boasting and arrogation of divine attributes, the absolute power of cure, irrespective of circumstances, is, to say the least, scarcely decent in face of such failures as that just recorded. To remove a single symptom, such as constipation, is a simple operation as compared with the cure of an intermittent fever; and yet, after thirty-one days hard battle, these stubborn bowels give no sign, "nothing indeed to indicate that they were ever to move." A little warm water injection, by its mechanical aid, effected on the thirty-second day what it probably would have done on the eighth or ninth day, had its aid been called in. We do not,

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however, as we have said above, criticise the treatment of this case, as circumstances may have made it desirable not to attempt even this simple means of removing the "few hardened fæces" at an earlier period. We knew one case where, owing to special circumstances, there was no attempt made to induce action in the bowels till twenty-eight days had passed, and this course met with the sanction of a very distinguished London allopath; but these cases are rare and extremely exceptional. From the physician's own words we assume that in this case an action from the bowels had been desired by the professional advisers, and the operation of the injection shewed that there was no obstruction which properly applied art could not overcome.

A paper on "Aloes" by Dr. WELLS; some admirable observations on "*Rhus*," by our indefatigable colleague, Dr. CARROLL DUNHAM, conclude the original articles of this very interesting and excellent number of our American contemporary. The proving of *aloes* is continued; and a translation of *ALLIUM CEPA*, from Hering's *Americanische Arzneipreparaten*, is commenced, and presents a most interesting study in connection with Mr. WORM's recent treatment of the cattle plague. Dr. Hering says that the *onion* was to the ancients what *chlorine* is to us—a destroyer of miasms; he instances several cases in point: one of a man attacked by yellow fever, who having crawled into a barn where there was some onions, ate them, and quickly recovered. He also looks upon it as strictly homœopathic to epidemic catarrh.

*The American Homœopathic Observer*, March, 1866, contains a reprint of Dr. Meyhoffer's "Is Phthisis Pulmonalis Curable?" which first appeared in our pages; "On the Treatment of Peripneumonia Notha," by Dr. Peterson; "*Apocynum cannabinum*," by Dr. Craig; "Epilepsy cured by the Bromide of Potassium," by Dr. Cook. The patient was a girl of 16, who had been subject to Epilepsy since she was 13, and had been under many physicians without benefit. Homœopathically, *stramonium*, *electricity* and *cuprum aceticum* failed. *Bromide of potassium*, in doses commencing with 3 grains, three times a day, increased gradually to 12 grains, cured the case completely in six months. At 18 she remains perfectly well.

"*Æsculus hippocastanum*," a proving by Dr. Duncan, is well worthy a careful study. Several good miscellaneous papers complete this voice from the "far north-west."

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### THE RESULTS OF THE HOMŒOPATHIC TREATMENT OF RINDERPEST.

THE following is the report of the Association for the Trial of Preventive and Curative Treatment of the Cattle Plague by the Homœopathic Method :—

“ 6, Adelphi Terrace, Feb. 21, 1866.

“ This Association was formed in November last for the trial of measures of treatment for the prevention and cure of cattle plague. It has now been three months in active operation, having had extensive experiments carried out, under the direct superintendence of the Association, in Norfolk, Yorkshire, and Cheshire, besides very numerous trials in numerous parts of the country through persons in communication with the Association, but acting on their own responsibility. The general result has been a conviction that, while very much may be done by isolation to prevent the spread of the disease, and considerable success has attended the practice of remedial treatment when assisted by careful nursing and proper diet, yet the degree of constant watchfulness needed for the due administration of homœopathic remedies is so great that much success by this system, in so new and formidable a disease, can hardly be expected from any others than skilful veterinary practitioners or persons conversant with the system and method of practice. The result of our experience shows that the disease is to a certain extent amenable to treatment. The progress of our trials is marked by an increasing measure of success, partly due, no doubt, to greater skill in treatment, but possibly also to the disease itself having assumed a less fatal character. In Norfolk the result of our first trial in November and December was 6 recoveries in 45 cases treated, which was considerably better than the average of that county at the time. In York, up to the 26th January, we had 72 recoveries in 177 cases treated; being over 40 per cent. of cures, while the average of the county at the same time was 17½. In Cheshire, where the disease has been so fatal, up to the 17th February we had 82 recoveries in 107 cases treated; being 80 per cent. of cures, while the average of that county was below 7. The latest return we have is to the 19th instant by Mr. Hope, of York, a layman, who has during the last three months devoted himself to the study and practical treatment of the disease, with the most patient labour, perseverance, and success, and has personally, with the assistance of an eminent homœopathic practitioner of that city, treated 140 cases. He writes on the 18th inst. :—

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" 'I am happy to inform you that homœopathy has had the honour of clearing the city of York of the plague, for the last five cows were cured by me in 14 days, from the 28th of January to the 10th of February. I will just add that they belong to a poor man who, if his cows had been slaughtered as under the new Act, would with his family have been ruined. During the last fourteen days I have been treating 15 animals, belonging to a farmer near York, in all stages of the plague, and am glad to say that 13 are doing so well that all that had lost their cudding have got it again, and before the Bill can become law, they will be all well, to the great joy of the farmer.'

" The general result of the whole of our cases shows the following comparative figures :—

	Percentage of Recoveries by Homœopathy.	Average Recoveries of the same County.
Norfolk.....	13	7
York.....	45	17½
Cheshire .....	30	7

" While we are, therefore, justified in believing that the work of the Association so far has not been in vain, we feel it right to add, that this disease is of so complex a character, and its symptoms so varying, that very few ordinary stockowners are capable of dealing successfully with it. The greatest watchfulness and skill are requisite in carrying out the homœopathic treatment, each symptom, as it manifests itself, requiring specific attention, and thus calling for a greater extent of competent medical assistance than can be obtained. The Legislature having now ordered the slaughter of infected and suspected animals, the efforts of the Association must necessarily be suspended until the results are seen. If the progress of the disease should thereby be arrested, every one will feel thankful. But should that, unfortunately, not be the result, it will then be still more necessary that renewed efforts should be put forth. The experience already gained by the Association will enable them to renew their action with the very great advantage of a more hopeful co-operation on the part of the owners of stock than they have generally met with. The Association have to acknowledge the readiness with which Her Majesty's Treasury placed temporarily at their disposal the offices which they have occupied, thus enabling them to apply the whole amount of their subscribed funds to the trials which they instituted, and to the actual work of the Association. The accounts having been duly audited, the balance sheet of receipts and expenditure is enclosed.

" MARLBOROUGH, Chairman."

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If any one ever doubted the total absence of anything like common honesty in the treatment of any subject connected with homœopathy by the editor of the *British Medical Journal*, we refer him to the number of this periodical issued on the 3rd of last month. In commenting upon the above report, the writer says, that "it admits a complete collapse of homœopathic curing of cattle plague." That it admits, that it could, with the facts on which it was based, admit nothing of the kind is obvious. In Norfolk, in the teeth of a determined opposition, twice as many animals were saved by homœopathic treatment as by any other in the county. In York nearly three times, and in Cheshire four times more were saved than by any other treatment in the respective shires.

Can it be said, as the *British Medical Journal* asserts, that with such results the work of the Association has been a failure? What method of treatment has saved a larger proportion of equally severe cases out of a similar number treated? None. It is very true that "very few ordinary stockowners are capable of dealing with it." But is homœopathy, *therefore*, a failure in a disease truly described as "complex in its character" and "varying in its symptoms?" Had the section of the medical profession represented by the *British Medical Journal* done anything at all towards curing this fell disease; had they even attempted to do anything, save slaughter the infected beasts, they might have been justified in assuming the position of critics on other men's doings. But they have simply attempted nothing, and effected nothing, save that they have declared and shewn that allopathic therapeutics are impotent in rinderpest; and, *therefore*, because of their incapacity, they urge that all diseased beasts should be slain as soon as infected.

Sir John Forbes, years ago, wrote that in allopathy things had come to such a pass, things must either mend or end. So far as this disease is concerned, allopathic practitioners refuse to mend, and have determined to end—all the cattle.

The results obtained are certainly not so striking as we had hoped for, as experience abroad had justified us in hoping for; but such as they have been, they have been infinitely in advance

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of any allopathy can shew; and opportunities of study have proved, to those who have devoted their attention to the subject, that homœopathy, properly directed, can accomplish far more than it has hitherto done.

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## BIRMINGHAM SANATORIUM.

THE present scheme for the foundation of a *Sanatorium* in the neighbourhood of Birmingham, initiated by the Committee of the Cotton Relief Fund, deserves a special notice at our hands, from the fact that a pledge has been given that the institution shall be founded on the broad principle that all practitioners, whether allopaths or homœopaths, shall have an equal right to recommend patients for admission. We are glad to chronicle one of the earliest proofs of the admission of a more liberal spirit into professional ranks than has hitherto obtained.

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## THE CLIMATE OF QUEENSTOWN.

FROM A RESIDENT PHYSICIAN.

10th March, 1866.

Queenstown still, I think, maintains its character for mild winters. The weather at present is beautiful, sunshiny, and clear,—no cold. The first thing I do every morning when I turn out of bed is to open my window *wide*, and let it remain so while I am dressing. We have not had a *cold* day for the entire winter.

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CORRESPONDENCE.

## ON "SPECTATOR'S" VIEWS OF THE CATTLE PLAGUE.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Dr. George Moore in his answer to my letter signed "Spectator," censures me for supporting Dr. Wilson's statement that certain morbid sounds may shew the existence of rinderpest, before the eye alone recognises it. I would draw his attention to the fact that Dr. Wilson's cases were observed chiefly in and about London; Dr. Moore's cases, in a different part of the country, may have assumed a different type. This may explain the matter, without exciting the smiles of compara-



## CORRESPONDENCE.

tive pathologists, who are not so one-sided in their views as Dr. Moore insinuates.

Dr. Moore proceeds to attack my suggestion about emptying the paunch, says "it is a physical impossibility," and that it can only be done by incision and using the hand as a shovel, that this has been tried and has failed. I thought the modesty with which my views were expressed, might have led my critic to spare his censure. Not having the opportunity of testing the matter, I said "if I am correctly informed about this." As Youatt was an authority in his day, and is still considered as such, particularly on a matter of fact, to set Dr. Moore right and in defence of myself, I shall quote briefly from his book on cattle. At page 436 he relates a case, only part of which I need quote:—"Reasoning upon the nature of the food, and the distension not being exceedingly violent, he sent home for Read's stomach-pump, and having passed the flexible tube into the paunch he injected a considerable quantity of water. He then attempted to pump out some of its contents which he had thus softened; but he found this to be impracticable from the tightness and half masticated state of the food, which soon stopped up the syringe; he therefore injected water into the rumen until it began to react on its contents, and a considerable portion of them were discharged by vomit." At page 456, a case is related where two pailsful of *unmasticated* food were thrown off. "The knowledge of these facts, of the occasional occurrence of which few practitioners can be ignorant, will point out a mode of proceeding that promises the happiest result where the stomach is distended by food." The charge of rashly giving an opinion on a subject of which I did not profess to be an authority, being thus satisfactorily disposed of.

I would conclude by asking Dr. Moore not to be too hasty in condemning the opinion of others; while I would at the same time assure him that in other respects I thought highly of the able manner in which he discussed the subject of the cattle plague; and that anything I said was certainly not against the veterinary surgeons, who were placed in a position of great difficulty, without getting the support that they ought to have had in a trial of such magnitude. Fearing that I have already trespassed too much on your space,

I am, Gentlemen, yours faithfully,

WILLIAM V. DRURY.

## THE CHAPMAN MEMORIAL FUND.

The following additional subscriptions have been received:—

Amount already ad- vertised .....	£1780	4	6	Professor Macdonald, St. Andrew's .....	5	0	0
Dr. Baikie .....	5	0	0	Rev. J. Mainguy ....	5	0	0
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				Total.....	£2039	17	6

## NOTICES TO CORRESPONDENTS.

THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.—We have received a letter from Dr. Wilson on this subject, in correction of the statement which appeared in page 70 of the February *Review*, that “two years’ study are all that are demanded from candidates for graduation” by the American Colleges. Dr. Wilson informs us that “The *Regulations of the College* state that ‘a candidate for graduation must be at least twenty-one years of age, of good moral character, possessed of sufficient preliminary education, have applied himself to the study of medicine for *three* years, and have been the private pupil for *two* years of a respectable practitioner of medicine.’” We regret that Dr. Wilson’s letter arrived too late for insertion last month, and that want of space prevents our giving insertion to the remainder of his communication. The “study” referred to in the passage to which Dr. W. takes exception was intended to mean that conveyed in lectures and hospitals. A copy of the Regulations of the College issued thirteen or fourteen years back gives much the same order as that quoted by Dr. W. from one published two years since—but it is more explicit. It requires three years’ “study,” but only two of these years are necessarily spent at College. The first and second years are to be passed—the first exclusively and the second partially—as a pupil of some practitioner, the second and third at College. The lectures commence about the middle of October and end on the 1st of March following; so that, to obtain the professional instruction necessary for the degree, about nine months only are required. (Dr. W. assures us that since this date the character of the College studies has much improved. We are glad to hear it.) This is what we

## NOTICES TO CORRESPONDENTS, ETC.

objected to as "miserably insufficient." We still think that such is the case. The smallest amount of professional and hospital teaching required by any Board in this country extends over three years, and must have occupied twenty-seven months of that period; while four or five years must have been spent in acquiring professional information, before a candidate is admitted to examination. That such a course of study is necessary before a man can be regarded as properly qualified, no one in this country doubts.—EDS. *M.H.R.*

Dr. MERYON.—A communication from this physician is acknowledged. Dr. Meryon undertook in the *Lancet* to give an exposition of HOMŒOPATHY. Instead of taking as his stand-point the writings of medical men practising homœopathically in 1866, he based his criticisms on the views published five-and-thirty years ago by a physician who at that time was in the seventy-seventh year of his age. Such an exposition is an anachronism. It is therefore unjust to those members of the profession who practise homœopathically at the present day. Erroneous and unjust as was Dr. M.'s first paper, it was temperate in its tone. The second, still erroneous, was far from being temperate. To state that "homœopathists show a want of faith in their system;" that "they repudiate morbid anatomy, the only test of a correct diagnosis;" to insinuate in no doubtful manner that "the facts adduced to support them" (the opinions of homœopathic physicians) "are strained and perverted," and finally, to assert that "in the returns sent to the Board of Health in 1854 many cases were put down as cholera which were not so; and therefore was the entire report wisely rejected;"—to publish after "*due consideration*," as Dr. M. tells us that he has done, such statements, insinuations and notoriously incorrect assertions as these, is, we repeat, to indulge in "*slandorous misrepresentation*."

B.—In addition to the two German periodicals mentioned below, the *Vierteljahrsschrift für Homœopathie*.

WE regret that want of space has delayed the insertion of several valuable papers, which shall appear in our next issue. Several Hospital and Dispensary Reports are carried over for the same reason.

*Communications received from* Mr. E. T. Blake, Dr. Meryon, Dr. O'Brien, Dr. Bubb, Dr. Reed, Dr. Anderson, Dr. Newman, Dr. J. G. Blake, Mr. Buck, Dr. Simmons, Mr. E. W. Thomas, Dr. Rubini (Naples), Mr. Freeman, Rev. E. W. Blaydes, Dr. Massy, Dr. Baikie, Dr. Wilson, Dr. Drury, Dr. Sutherland.

## BOOKS AND PERIODICALS RECEIVED.

*A Few Comments, &c.*, by DAVID SCOTT SMITH.

*Bulletin de la Société Médicale Homœopathique de France*, March.

*Western Homœopathic Observer*, March. (American.)

*Homœopathic Observer*, March. (American.)

*American Homœopathic Review*, January and February.

*Annals of British Homœopathic Society*, March.

*Fistula in Ano*, by Dr. Pattison.

*Pattison on Diseases Peculiar to Women*.

*Allgemeine Homœopathische Zeitung*.

*Neue Zeitschrift für Homœopathische Klinik*.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON HOMŒOPATHY.

#### A CONCLUDING CRITICISM ON DR. MERYON'S ESSAY.

It will be remembered that Dr. MERYON professed to set forth the whole theory of homœopathy under four propositions. To his manner of stating the theory of homœopathy in the first three propositions we felt it our duty to take exception. His fourth proposition fairly expresses Hahnemann's idea, and is thus worded:—

*"That the curative power of medicines is founded upon the property which they possess of creating symptoms similar to those of the disease."*

This we accept as a tolerably fair rendering of the dogma "*similia similibus curantur*."

Dr. Meryon quotes the 142nd clause of the *Organon*, in illustration of Hahnemann's explanation of the *modus operandi* of the law, viz., that the *medicinal disease* being more intense than the *natural disease*, substitutes itself for the natural disease and destroys it. Dr. Meryon very aptly criticises this theory in the following sentence:—  
"Hahnemann does not appear to have thought it necessary to explain how it is that medicinal disease, being stronger than the dynamic disturbance, should disappear soonest."

HAHNEMANN'S disciples have ever been among his severest critics; and if Dr. Meryon had sought among

## ON HOMŒOPATHY.

the homœopathic literature of our day, he would have found that, while homœopathic physicians, all the world over, acknowledge the truth of the homœopathic Law as based upon incontestible facts, there are but few who accept the explanation of the Law thus offered by Hahnemann.

It is much to be regretted that the GREAT DISCOVERER of the homœopathic Law and the GREAT EXPERIMENTAL OBSERVER of the pure effects of remedies did not rest upon these facts, and leave to future developments the discovery of the explanation of the facts.

Dr. Tessier very justly observes that Hahnemann was the discoverer of great truths and the propounder of great errors. His truths lie in his facts, and his errors in the theories by which he attempted to explain the facts.

Hahnemann's errors ought in no way to discourage us. The *law of gravitation* stands immutable, in spite of many futile attempts to explain it; and the Law of "*similia similibus curantur*" remains a truth, the erroneous attempts to theorise upon its action notwithstanding.

Hahnemann's "errors," says Dr. Tessier, "do not constitute a legitimate cause for the rejection of homœopathy, since they have been combated by his own disciples. His followers adhere to the doctrine while combating its errors; hence these errors, not being essential to the doctrine, are no legitimate cause for its rejection *à priori*. Indeed, let any one name a single book on medicine that is not filled with errors. What can it matter if Hahnemann's writings contain some errors, so long as he is right in his general principles?"

We acknowledge that we fall into much perplexity when we depart from the simple and literal meaning of the "*similia similibus curantur*," i.e., from looking upon the formula as expressing, that when we meet with a *group of symptoms indicating a disease*, we are to look for its

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cure to that drug which will induce a *similar group of symptoms* in a healthy man.

Many of *Hahnemann's* critics, among others Dr. Tessier, speak of him as having given several explanations of the homœopathic Law: that at one time he is to be found arguing against *diseases as entities*, saying that *disease* is nothing but *disturbed or perverted vital force*; at another, that *disease* is an *entity*, and has an *essential existence*, as is shewn in his adoption of the *psora theory*. Hence, at one time, he insists upon our applying drugs in accordance with the indications afforded by the *totality of the symptoms present*; at another, he insists with equal force, on our prescribing a drug which shall accord with the *constitutional disease*, or, as he called it, *miasm*.

It is not, we conceive, fair to criticise the writings or opinions of a *discoverer*, save in their chronological order.

If we trace Hahnemann's ideas year by year, we find that he starts with a *negation of diseases*, because in his day pathology was very imperfect, and diseases were in many cases indefinitely and capriciously mapped out. It was therefore more safe to go back to first principles, and to insist that each individual *group of symptoms* should be treated upon its own merits. A *deviation of symptoms* shews a *diversity in disease*; and it logically follows that a *diverse treatment* must in such case be indicated.

Later on in his life, Hahnemann recognised certain diseases whose main course was the same in all individuals. These he then recognised; and if he fell into the opposite extreme, and admitted of too universal generalisations, we cannot regret it, since he thus clearly foreshadowed the time, when a more perfect knowledge of disease should enable us to make homœopathy, as certainly the medicine of *specifics to all essential diseases*, as he has left us the *medicine of specifics to certain definite essential diseases*

## ON HOMŒOPATHY.

and of specifics to certain *groups of symptoms*, where the *essential diseases* at present lack definitiveness.

Hahnemann mapped out three *chronic essential diseases*—psora, syphilis and sycosis—to each of which he assigned its specific medicine in *sulphur*, *mercury* and *thuja*. He also recognised many acute diseases, such as *scarlet fever*, *measles*, *miliary fever*, &c., and by his example has set us the task of perfecting the knowledge of specific medicine. We think this view of the medical reform proposed by Hahnemann more truthful than that which attributes vacillation to our Founder.

One of the practical objections brought by Dr. Meryon against a treatment based on the indication of “*similars*” is, that many diseases are owing to *reflex phenomena*: that *a worm in the intestines* may induce *general convulsions*, or even *delirium*; that a *carious tooth* may produce *delirium* or *coma*; that *chlorosis* may cause *anæsthesia* or “*fifty other symptoms*” (*sic*); that *uterine irritation* may produce *hyperæsthesia* or *anæsthesia*, *raving insanity* or *cataplexy*, *convulsions* or *paralysis*. And he asks if the cure of these is within the province of strict homœopathy.

We unhesitatingly answer, *Yes, it is*; and that in these cases homœopathy possesses special advantages over allopathy.

Let us suppose a physician, be he homœopath or allopath, in the presence of such a case as any one of those presented before us,—say a case of *coma*, caused by a carious tooth. Well, numbers of comatose patients have carious teeth. How are we to know whether the coma is induced by the carious tooth? The patient being comatose, can give no account of his own case. Ordinarily, in such a case there would be some history to be obtained from his friends, long-continued agonising toothache ending in coma. In such a case the *surgical* treatment of extraction of the tooth would be adopted by the physician of either school; but, in addition, the homœopath would

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prescribe the homœopathic remedy for coma ; he would not only *remove the cause*, but also cure the effect, and thus rally the patient more rapidly and completely than his allopathic *confrère* would do.

But suppose there were no *history* in the case : a reticent patient, who had kept his misery to himself, and who was found comatose. The allopath would perhaps leech or bleed, and certainly would blister this poor fellow, treating his *brain symptoms* only ; while the remedies used by the homœopath would be *aconite*, *belladonna*, *chamomilla*, or some other nervine, according to the concomitant symptoms ; and these medicines would as certainly act upon the nerve of the carious tooth as they would upon the brain, and would not weaken or lower the patient.

Homœopathy by no means precludes our using every means of diagnosis possessed by those who practise allopathy, and it affords us, in addition, a safe, a pleasant and a speedy guide for the treatment of such cases as are enumerated above, where the allopath can only treat the "*prominent symptoms*," and where, in doing so with his sledge-hammer blows, he usually destroys the disease only at the moment when the patient's life and sufferings come to a mutual termination.

We have devoted considerable space, and have given much time, to the consideration of Dr. Meryon's paper "On Homœopathy," because we have felt that a spirit of enquiry is abroad in the minds of the allopathic body of the profession. A large and greatly increasing number of their best men confess the impotence of their own art to combat disease. Overwhelmed by the evidence before them as to the numerous cures occurring under the care of those physicians who practice homœopathy ; a few have been driven, as Dr. Meryon appears to have been, to seek into the writings of Hahnemann, in order to acquaint themselves with the principles of an art



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that shews results far transcending their own in its *powers of healing*. In his search into Hahnemann's writings, Dr. Meryon appears to have been struck with the many and potent errors held by Hahnemann, and to have been deterred from carrying out his first intention of making a *practical* as well as a *theoretical* investigation of homœopathy. He has stopped short even of the latter, and has contented himself with giving to the profession, through the medium of the *Lancet*, a very *crude and imperfect criticism of Hahnemann's theories alone*. Homœopathy, as it is practised in our day, has not only been *misunderstood*, but has been *slanderosly misrepresented* by Dr. Meryon, *wilfully and deliberately* slandered, according to his own confession. We know that a physician wrote privately to Dr. Meryon, and also to the Editor of the *Lancet*, pointing out that the four propositions stated by Dr. Meryon, as containing the "entire system of homœopathy," were, so far as the first three were concerned, simply a "caricature" of the system; that they shewed a misunderstanding of Hahnemann's writings, and completely ignored the *theory and practice of homœopathy* of the present day. Dr. Meryon was therefore courteously asked to explain, in his second essay, that his criticism did not embrace the *present practice* of homœopathy. We regret that Dr. Meryon and the Editor of the *Lancet* refused to notice this *protest*; and it affords us only one more illustration of the truth of our observation, that "when homœopathy is in question, men otherwise honourable, do not hesitate to utter baseless slanders upon those practising it," and we fear that this disgracefully immoral state of the medical world will remain so long as its press continues to pander to the worst passions of allopathy, by inserting any and every insinuation and assertion against homœopathy, and by refusing to allow the correction of misstatements and the counter-proofs against injurious and mendacious slanders.

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## ON HOMŒOPATHY.

If the *Lancet* opens its pages to such absurdities as are expressed in Dr. Meryon's "entire system of homœopathy," it is in honour bound to admit a correction of its evident errors, and this, not only on public grounds, but also out of merciful consideration for the reputation of the writers in its pages. Every man, who has read or studied the subject of homœopathy, knows that *homœopathy does not assert*—

1. "That medicines have the inherent, *unconditional*, and absolute power of exciting disease."

And that *homœopathy does not assert*—

2. "That the *pathogenetic* effects of medicines are developed and infinitely *increased by trituration and subdivision*."

And knowing that these are misstatements, and that all reply to such false representations are denied admission into the pages of the *Lancet*, the confidence of the public is not only shaken as regards the writings of Dr. Meryon on homœopathy, but the general credit, in the other statements which appear in the *Lancet*, is undermined and weakened also. We have no personal bias in these remarks. We feel strongly, as units in the medical profession, that this policy of the leading medical journal is injurious to the whole body, that while it is aimed at a minority of the profession, in the vain hope and endeavour to *crush it*, its real influence is maleficent and suicidal, and its tendency is to *lower the whole medical profession* in the eyes of the public. It is a betrayal of a great public trust, to close the pages of the leading medical journal to a fair and full discussion of a medical system in which a very large and influential body of laymen have confidence, and under which they place themselves and their families during unhealth; but it amounts to a criminal "*lèse humanité*" to admit an untrue representation into its pages and to suppress all correction and reply.

## OBSERVATIONS ON THE TREATMENT OF

For the sake of suffering humanity, for the general cause of truth, and in the interests of the medical profession itself, morally, socially, and scientifically, we again enter our earnest protest against that policy which obstructs the fair, free and open discussion of all points of scientific interest in the medical journals and in the medical societies of our day.

OBSERVATIONS ON THE TREATMENT OF  
URGENT AND VERY URGENT CASES.

By JOHN ANDERSON, M.D., M.R.C.S. Eng.

(Continued from page 734, Vol. IX.)

THE following paper is in continuation of a series, the special object of which has been to demonstrate the applicability of homœopathy to the treatment of acute inflammatory disease, fevers, and urgent cases. In the *Review* for December, 1865, cases of acute laryngitis, croup, asthma, capillary bronchitis and diphtheria were given as illustrations of the power of homœopathy to cope with disease in its most urgent manifestations. The following cases are submitted in further illustration of the same power.

*Colic*, though not absolutely dangerous to life, may yet be so intensely painful in its symptoms as to become an urgent case, requiring prompt assistance. The pain is often of a very acute and agonising character, and homœopathy is appealed to for relief. The writer has seen severe pain accompanying an attack of colic most effectually relieved by *colocynth*; and the provings fully justify the use of this medicine, viz.: "Constrictive feeling in the upper part of the abdomen, returning at short intervals and passing into sharp griping; griping in the abdomen, especially about the umbilicus, like a cutting or squeezing, relieved by bending forward; rumbling with emission of

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much flatulence ; gradually increasing constriction in the intestines every ten or twenty minutes, ceasing from forcible pressure." In one case of flatulent colic arising in the course of a long and serious illness, and greatly retarding convalescence by the suffering and sleeplessness it occasioned, *belladonna* in the 1st dilution, internally administered, and also sprinkled on a moist hot flannel applied to the abdomen, was found most successful in alleviating the distressing pain.

*Dysentery.*—This disease in its acute form will occasionally present symptoms so formidable, and be accompanied by pain so severe, that the case becomes a very urgent one, and speedy relief is imperatively called for. Homœopathy presents us with a most valuable and almost certain remedy in *mercurius corrosivus*, the provings of which fully justify its use : "Violent pains in the epigastrium, increasing very rapidly and becoming intolerable ; excessively burning pains in the stomach and abdomen ; evacuation of fæces mixed with mucus and dark coagulated blood ; frequent discharge of a small quantity of bloody mucus day and night, accompanied with almost constant cutting colic and intolerable painful ineffectual urging and tenesmus ; frequent attacks of bloody diarrhœa ; bloody evacuations ; lacerating in the rectum ; tenesmus." The writer has had cases of acute dysentery and also of dysenteric diarrhœa under his care, in which the action of the *mercurius corrosivus* in the 3rd dilution was very marked, and the relief afforded was both speedy and effectual.

*Cholera.*—No arguments are needed to prove that cholera comes under the category of "very urgent cases." When an epidemic is prevalent, the seizure is so sudden, the alarm of the patient and the terror of his friends are so great, and the symptoms altogether so distressing, that

## OBSERVATIONS ON THE TREATMENT OF

the most urgent need for relief is imperatively demanded. It is generally at the commencement of an epidemic that the symptoms are so severe, the seizure so sudden, and the duration of the disease so short. A medical friend told the writer that he had seen persons struck down in India with cholera and rapid collapse and death in one hour, and even some severe cases where death occurred in a few minutes. A lady of rank (a patient of the writer's, who had resided some time in India) also told him that it was no uncommon thing to see a servant in attendance in the morning seized with cholera shortly afterwards, and dead or recovered by night. Of the four deaths that occurred in the writer's own practice, one was in twenty hours from the first seizure, and another in sixteen hours.

The general symptoms of cholera are well known, and comprise vomiting, diarrhœa, spasms, prostration, and collapse, or any form of these symptoms occurring simultaneously or in a succession more or less rapid. The disease itself may be divided into four stages, viz., 1. *The premonitory stage*, the mean duration of which is about forty-eight hours; characterised by rumbling and fermentation in the bowels; vertigo; noise in the ears; griping; sense of fulness, perhaps constipation; thirst; sinking at the epigastrium; debility, lassitude, and general torpor. 2. *The confirmed stage*, the mean duration of which is from eight to twelve hours; characterised by vomiting; diarrhœa; cramps; a full pulse; the skin cool; respiration hurried; burning heat at the epigastrium; the face pinched; great thirst; the voice hoarse; skin shrivelled; gradually increasing lividity and prostration; leading to 3. *The collapse stage*, when death may take place in from ten to forty-eight hours from the period of invasion; characterised by the cold tongue and breath; the low and hoarse voice; the deep-sunken and injected eyes; the intense thirst; the slow respiration; the pulse and beating

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of the heart almost imperceptible; the skin inelastic and corpse-like, varying in colour from indigo to a darkish mahogany; the surface of the body icy cold, and cold perspirations; the urine suppressed. It is rare to find all these symptoms united in one individual; the disease begins sometimes with diarrhœa, at others with vomiting, or occasionally with spasms; generally speaking, diarrhœa is the earliest and the most leading symptom, and according to Dr. MacLoughlin, one of the Medical Inspectors of the Board of Health, diarrhœa is the invariable premonitory symptom of cholera. 4. *The reaction stage*, where death or recovery takes place in from ten to twelve days; characterised by typhoid symptoms; fetid diarrhœa; delirium; coma; a cool skin; slow pulse; tongue dry and glazed, or furred; urine secreted; the brain being the organ more especially affected.

During the epidemic of 1853-54 the writer treated altogether 146 cases of choleraic disease, which may be classified under the four following types. 1. *Cholérine*.—This type or aspect of the epidemic was chiefly marked by a rumbling or griping pain in the abdomen, accompanied by diarrhœa more or less watery and frequent, the evacuations varying in colour; occasional sickness or nausea; in some cases much constitutional disturbance and accompanying fever, in others the general health scarcely at all affected; the attack lasting from two to four or eight days, and being essentially different from an ordinary diarrhœa. One hundred cases were treated, and all recovered. 2. *Bilious cholera*.—The second type or aspect of the epidemic was that when, after a full meal or some error in diet, vomiting more or less violent came on; the evacuations not watery but feculent; the vomiting more or less bilious and acrid; some accompanying fever; prostration of strength in a variable degree; cramps none, or very slight; no collapse. Eight cases were treated,

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and all did well. 3. *Epidemic influence*.—The third type or aspect of the epidemic was very peculiar, and somewhat difficult of description. The following remarks may serve to illustrate it. During the prevalence of the cholera epidemic in its widest extent of duration, many cases occurred to the writer where the symptoms were so anomalous that no specific nomenclature could be adopted. In some, the ordinary symptoms of bilious or malignant cholera occasionally manifested themselves, but at distant intervals and separately, or more combined, of short duration, but frequent occurrence; the individuals appearing to be under a special influence, always threatening to have but never having a decided attack of one kind or another. In other cases there was much dread and mental anxiety without a yielding to fear; in fact, where the mind was strong, sensible and vigorous; but several anomalous symptoms would shew themselves, not amounting to any actual disease. Sometimes the symptoms would assume the regular form of a gastric fever, which, instead of running its course, as on ordinary occasions, manifested a peculiar eccentricity of character, requiring the utmost care and watchfulness in reference to treatment. In a few cases, persons labouring under other diseases appeared to have their symptoms modified by the prevailing epidemic. Altogether, twelve cases occurred to the writer of this peculiar epidemic influence, and although much anxiety was felt for many of them, all happily recovered. 4. *Malignant cholera*.—The fourth type or aspect of the epidemic was that in which, superadded to vomiting and diarrhœa, there was raging thirst, cramp, prostration or collapse, and sometimes suppression of urine; the seizure being for the most part sudden and the symptoms alarmingly severe. Twenty-six cases of this type came under the writer's care, of which twenty-two recovered and four died, giving a mortality of rather less than 16 per cent. Of the four

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that died, two were in complete collapse when first visited ; a third, a female of spare habit, 71 years of age, and subject to diarrhœa, had allowed a severe purging of watery evacuations to continue twenty-four hours, unnoticed ; and the fourth, a strong, elderly man, continued five days with severe vomiting and purging, before he sought medical advice, and fell into complete collapse very soon after the writer's first visit to him. As only this fourth type comes under the head of "very urgent cases," to it will the subsequent remarks be restricted.

The medicines used by the writer in the treatment of the malignant cholera consisted invariably of tinctures in the 1st, 2nd or 3rd decimal dilutions ; occasionally, the pure or mother tincture was given. The dose varied from one to two or three drops every five, ten, fifteen or thirty minutes, or every one, two or four hours. Occasionally, a single dose of three or four drops was given, followed by drop doses at intervals. The following is a list of the medicines and the dilutions in which they were administered. *Veratrum* in the pure tincture, and in the 1st, 2nd and 3rd dilutions ; it was given in twenty-four cases, and its action was very marked in the majority of instances. *Camphor* in the pure tincture (one part of *camphor* to five of spirits of wine) ; it was given in twenty-two cases, and its action was very marked in the majority. *Arsenicum* in the 1st, 2nd and 3rd dilutions ; it was given in twenty-one cases, and its action was very marked in the majority. *Secale* in the first dilution ; it was given in six cases, and its action was marked, especially in two cases. *Cuprum* in the 1st, 2nd and 5th triturations and dilutions ; it was given in four cases, and its action was very marked, especially in two cases. *Digitalis* in the pure tincture ; it was given in four cases, and was apparently beneficial in one case. *Ipecacuanha* in the 1st dilution ; it was given in three cases, and its action was



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marked, especially in two cases. *Acidum hydrocyanicum* in the 2nd dilution ; it was given in three cases, but with no sensible effect. *Carbo vegetabilis* in the 2nd trituration ; it was given in three cases, but with no sensible effect. *Camphorated chloroform* was given in two cases, and its action was well marked in one case. Of these several medicines the most important undoubtedly are *camphor*, *arsenicum* and *veratrum*, then *cuprum* and *secale*. The *camphor* is chiefly indicated in the first and earliest stage of cholera ; in fact, its value chiefly depends upon its early administration. *Arsenicum* is most useful when there are copious vomitings and alvine discharges, burning pain, impending or actual collapse, extreme prostration. *Veratrum* is chiefly indicated when cramp exists in connexion with vomiting and diarrhœa, and when there is much griping pain. *Cuprum* is useful when cramp is a prominent feature ; it may be alternated with *arsenicum* or *veratrum*. *Secale* is a most valuable remedy when a copious watery and painless diarrhœa is accompanied with great prostration.

The provings of these medicines fully justify their use in malignant cholera, as will be seen by the following selection. *Camphor* : " Loss of consciousness ; tetanic spasms ; convulsions ; trembling ; pain and burning in the stomach ; burning heat in the epigastrium and hypogastrium ; pinching pain in the umbilical region ; involuntary diarrhœa ; bilious vomiting streaked with blood ; constrictive sensation in the chest ; stupefaction of the senses resembling a swoon ; blue cold skin with coldness of the body ; languor and heaviness of the whole body ; oppressed anxious panting breathing." Orfila gives the following as the result of a dose of forty grains of *camphor* taken by a man in mistake : " Vertigo ; coldness of the extremities ; great anxiety ; a cold sweat over the head ; slight delirium accompanied with drowsiness ; pulse small

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and languishing." *Arsenicum*: Burning in the pharynx; sunken countenance; pale death-coloured face; bluish, sickly colour of the face; bluish lips; violent, unquenchable, burning, suffocating thirst; vomiting of every thing eaten or drunken; vomiting of yellow green mucus and bile, of brownish or blackish substances; violent pains in the stomach; burning in the abdomen and pains, with great anguish, lamentations, and internal restlessness; tetanic spasms; convulsions; general rapid sinking of strength; cramp and rigidity of the fingers; diarrhœa, with vomiting, great weakness, and thirst; evacuations burning, watery, dark green, black, bloody; paralysis of the bladder; anxious and oppressive shortness of breath; constriction of the chest." Orfila gives the following as some of the symptoms produced by *arsenious acid*: "Constriction of the pharynx and œsophagus; vomiting; anxiety; heat of the præcordia; the stomach painful; the alvine discharges blackish and of a horrible fœtor; the pulse small; unquenchable thirst; icy coldness; breathing difficult; cold sweats; urine scanty, red and bloody; change of the features of the countenance; a livid circle round the eyelids; prostration of strength; delirium; convulsions; death." *Veratrum*: "Excessive weakness; tonic spasms, with contraction of the palms of the hands and soles of the feet; cold sweat all over; the pulse collapsed; cold disfigured face as of a dead person, also with pointed nose and sunken cheeks; burning in the throat; tongue dry, blackish and cracked; unquenchable thirst; vomiting of bile and mucus; violent, excessive vomiting; vomiting, with diarrhœa and pressure in the pit of the stomach; frequent and violent diarrhœa; greenish, watery, flocculent diarrhœa; violent bloody diarrhœa; icy coldness of the hands; drawing and cramp in the fingers; cramp in the calves very violent; icy coldness of the feet. *Cuprum*: "Convulsive movements and distortions

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of the limbs; general convulsions; twitching of the fingers, arms, and hands; spasms of the limbs; the limbs and trunk become rigid; weak and small pulse; bluish face with bluish lips; sunken deep eyes with blue borders; spasmodic distortion of the features; excessive vomiting, accompanied by colic and diarrhœa; violent spasms in the abdomen and in the upper and lower limbs, with piercing, torturing screams; violent diarrhœa; spasms in the chest, arresting speech and breath; cramp in the calves of the legs." Orfila gives the following as some of the symptoms of poisoning from verdigris: "Nausea; copious vomitings or vain efforts to vomit; shootings in the stomach, which is often very painful; horrible gripings; very frequent alvine evacuations, sometimes bloody and blackish; ardent thirst; cold sweats; cramps; convulsions; death." *Secale*: "Sudden, striking change of features, with deep sunken eyeballs surrounded with blue margins; constant nausea and vomiting after taking the least food; frequent diarrhœa, with watery, slimy evacuations; hoarse hollow voice; suppression of urine; cramp in the calves; paralysis of the upper extremities; scarcely perceptible pulse; unquenchable thirst." It is very interesting to observe that most important corroborative evidence of the value and correctness of the foregoing provings of *camphor*, *arsenicum*, *veratrum*, and *cuprum* will be found in Pereira's *Materia Medica*, Taylor's *Medical Jurisprudence*, and Christison, *on Poisons*; the latter of whom quotes Hahnemann as an authority in reference to the symptoms of poisoning by *arsenic*.

The following cases of malignant cholera are selected as illustrations from the twenty-six cases which occurred in the writer's practice during the epidemic of 1854:—

Miss. C., æt. 13, was seized suddenly in the evening with diarrhœa, and at three o'clock the following morning with violent vomiting, which continued at intervals until

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eight o'clock, when severe cramps came on which lasted incessantly for five hours. The writer's attendance was requested at half-past three (twenty hours after the seizure), when the patient was found in a state of complete collapse; the extremities cold; no pulse at the wrist; skin livid colour; most intense thirst; extreme restlessness, with incessant vomiting of a thin fluid and occasional diarrhœa. The cries of the poor girl were most piteous, and her entreaties for water to assuage the raging thirst, the subsequent retching and vomiting, with the continued jactitation, together with the anxiety of the relatives and the feeling that but little good could be done, made the case one of the most trying description. The prognosis was most unfavorable, and there appeared but little hope of life being prolonged beyond a few hours. *Camphor* and *arsenicum* in alternation, with occasional intercurrent doses of *digitalis* in the mother tincture were ordered, and in the evening there was a slight improvement. The whole of the night was passed in a most restless state, but at half-past nine the following morning there was improvement, and at noon the pulse was returning, the extremities warming, the sickness less, and there were occasional intervals of ease and quiet; but no urine had been passed since the afternoon of the previous day. *Veratrum* and *camphor* were left to be given, either alone or in alternation with the other medicines, as the symptoms indicated, and the next day improvement was more manifest, although the sickness continued at intervals, and no urine had yet passed. From this time she gradually progressed until the sixth day (the urinary secretion returning on the fifth), when there was a slight relapse, owing apparently to some error in diet. This passed away, however, and slight reaction came on, for which *aconite* was given. At length a rash broke out over the body, and an erysipelatous inflammation attacked the face and chiefly the nose,

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for which *belladonna* was given. In two days she was convalescent, and in two days more she was quite well. In this case the most marked symptoms were the vomiting, the collapse, the suppression of urine, but more especially the raging thirst. This was most intense, and the writer was assured most positively, by the friends of the patient, that she drank fifteen gallons of water in two days. The possibility of this will be seen, when it is remembered, that having drank to repletion, she immediately vomited the whole and then drank again. The vomiting, which was at first of a white thin fluid, became afterwards of a beautiful clear grass-green colour; this symptom was evidently aggravated by the constant drinking, but the poor girl preferred the vomiting, distressing as it was, to the more dreadful thirst, which was quenched, though but for a moment, by the draughts of water. No medicine seemed to have any marked influence upon the vomiting at this stage, but subsequently, when the fluid ejected was of the bright grass-green colour just mentioned, the pure tincture of *veratrum*, in two drop doses, did essential service. The suppression of urine was of some duration, and taken in connection with the other symptoms, made the case more alarming. No urine passed from the Saturday afternoon until the following Wednesday, afterwards at intervals. The collapse also was well marked, there being no pulse at the wrist, the extremities blue and cold, the face pinched and anxious, the eyes sunken, the tongue cold. The pure tincture of *digitalis*, in drop doses, appeared to be of service at this stage. All food was withheld for seven days. Altogether the case was one in which the symptoms were well defined, and the action of the medicines well marked.

A. B., æt. 20, a healthy-looking servant girl, was seized suddenly, at half-past nine in the evening, with crampy pain in the abdominal region, for which *camphor* was

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immediately given. In half an hour the writer saw her and found her in bed, suffering the most intense agony from cramps; she writhed about in the bed, sometimes holding her breath, at other times shrieking aloud, now buried in the bedclothes, and again lifted up almost out of bed, and striking her head with violence against the wall. During the brief intervals of ease, she would sit up and stare about her in the most wild and unconscious manner; the pulse was full, the skin hot, the tongue clean, no vomiting, no diarrhœa, no appearance of collapse. After a few doses of *camphor*, *cuprum* in the 2nd trituration, and *veratrum* in the 1st dilution, were given in alternation every ten or fifteen minutes; at the end of two hours there was marked improvement, and she was left at midnight sleeping. At two the next morning the writer was again called to see her, and he found that the cramps had returned with increased violence, and that the fingers were becoming cold; the prognosis now was most unfavourable. *Cuprum* in the 2nd trituration, and *veratrum* in the mother tincture, were given frequently in alternation with occasional intercurrent doses of *camphor*, and at four o'clock she was left sleeping again. At nine there was decided improvement, the coldness had left the fingers, the cramps were less frequent and violent, the countenance less anxious and distorted, and a copious stream of urine had passed. *Cuprum* in the 5th and *veratrum* in the 3rd dilutions were ordered in continuance, but to return to the stronger medicines if the cramps increased in violence. From this time there was steady and gradual improvement; occasionally the violent cramps returned, but they were speedily relieved by the medicines administered. In a few days she was convalescent, and on the ninth day she was quite well. In this case the most marked, in fact the only symptom was the cramp, and this exceeded in violence any thing the writer

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had ever witnessed before. The contortions of the poor girl could only be compared to the writhing of the weaker animal when struggling to escape from the deadly grasp of its more fierce and powerful opponent. The incipient collapse marks the true nature of the disease, and had this increased, in all probability the result would have been fatal. As regards the action of the medicines, the *camphor* seemed to have more influence upon the violent cramps than either the *cuprum* or *veratrum*. An interesting feature in this case was the absence of diarrhœa; the bowels had been relieved the morning of the attack, but there was no action until four days after, when a natural motion was passed. No food was given for some days, and there was no reaction of any kind.

(To be concluded in our next number.)

## MAXIMS FROM HAHNEMANN.

By H. BUCK, Esq., Surgeon, Camden Town.

IN the following few pages I shall attempt to place before your readers, as briefly as possible, some of the teachings of Hahnemann with the principles of therapeutics, enforced in the *Organon* and first volume of *Chronic Diseases*, avoiding much that is speculative, and all that might be thought offensive; my desire being to make popular that which is useful, and to open up a fair spirit of enquiry on a subject of the utmost importance, which is so often misrepresented from being misunderstood.

In order to assist in the cure of disease, the exciting cause should be ascertained. The physician must notice the particular deviations that have taken place from the former healthy state to the now morbid phenomena felt by the patient himself, and also those outward signs visible to others around him. Now, as we can perceive nothing but these morbid symptoms, it must be by them alone

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that we can obtain a reflected picture of the disease. After these morbid symptoms have been removed, by the true remedy, there should not remain any thing but health. In the healthy condition of man, the vital force that animates the whole body rules with absolute sway—all is harmony. It is from this vital force that the whole material organism derives sensation and performs the functions of life. When a person falls ill, this vital force is deranged, and by it the organism expresses itself by the manifestations of pain and other morbid symptoms, for in no other way can it make itself known. It is this morbid state of the vital force that produces disease, and a restoration of the integrity of this vital force denotes a return to health, consequently all the morbid phenomena in the shape of symptoms disappear, and health is restored. As the evidence of disease is made known only through the medium of the nervous system; so only by dynamic action on the nerves, in unity with the unseen vital power, can the lost balance of health be re-established. Now, as disease is nothing more than an alteration in the health expressed by morbid signs, it is evident that medicines can only cure disease by effecting an alteration in the health, and their curative power must depend solely on the power they possess of altering the health, and it is by experience of these phenomena only that a knowledge of this power can be obtained. Now, as the curative principle can only be discovered by the power the medicines possess of causing distinct alterations in the health of the human body, and of exciting in the *healthy individual* certain morbid symptoms, so we *learn* a disease *producing* power, and at the same time the disease *removing* power, which each individual medicine possesses. Pure experience teaches that a medicine which, in its action upon the human body, has demonstrated its power of producing the greatest number of symptoms similar to



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those observable in the case of disease under treatment, does also, in a suitable dose, rapidly remove the collective symptoms of that morbid state which constitutes the disease ; and the whole of such symptoms being removed, the cure is effected.

The human body appears to be more powerfully affected in its health by medicines than by natural diseases. We are made ill by noxious agents only when the organism is sufficiently susceptible for the reception of the morbid agent. But poisonous drugs act powerfully at all times and under all circumstances, producing positive and peculiar symptoms according to the size of the dose. Thus drug diseases are more powerful for the time than natural diseases. A person affected by one disease may be protected from being assailed by another of a similar character.

When two dissimilar diseases meet, one is suspended. The stronger of the two generally prevails and runs its course, after which the weaker again appears. In some cases the two join and form a complex disease, but this only occurs with medicinal diseases, or such as have acted for a long period on the organism. Syphilis and itch may each retain its special place, and both become very difficult to cure. The long continued employment of unsuitable drugs induces tedious morbid conditions, which are often incurable. Nature in some cases will permit two or three diseases which are dissimilar in their nature to travel in company, each taking possession of that part of the organism to which it can most conveniently adapt itself without much injury to life. But when two similar diseases meet, a cure may be effected by nature herself teaching us how we ought to cure.

Invariably, and in every case, do two diseases, differing certainly in kind, but similar in their phenomena and effects, and in the symptoms and sufferings they produce,

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annihilate one another when they meet; the stronger being overpowered by the weaker, in consequence of the same parts of the organism being involved: just as the image of the lamp's flame is overpowered by the stronger sunlight.

Small-pox, coming on after vaccination, on account of its greater strength and similarity, removes entirely the cow-pox, and does not permit it to come to maturity; while, on the other hand, the cow-pox, when near maturity, will subdue the virulence of the supervening small-pox, and present it in a much milder form. This teaches the physician what kind of artificial morbid power he should select as a medicine, in order to cure, in a sure, rapid, and permanent manner, agreeably to the process that takes place in nature. The physician is now able to bring many medicinal substances in this way to relieve the sufferings of humanity. He can attenuate the dose, subdivide it to any extent, so as to prevent any unnecessary and violent attack upon the organism, but cure in the most gentle and almost imperceptible manner.

Every medicinal agent that acts upon the vitality produces more or less change in the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed *primary action*. To this action the vital force endeavours to oppose its own energy, and this reaction is termed secondary or counter action. During the primary action, the vital force appears to remain passive, quietly permitting the impressions of the artificial power to continue, and thereby alter the state of health; after which it appears to rouse itself again to action, and then to develop the exactly opposite condition. When nature appears to recover its lost balance, and the normal state is restored, this is called secondary or curative action.

A hand bathed in hot water is at first warmer than the

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other hand, but after it has been dried, it soon becomes much colder than the other. A person heated by violent exercise is afterwards affected by chillness and shivering. Opium causes a deep sleep, but the following night will be sleepless. Diarrhœa is succeeded by constipation. An otherwise obvious secondary action is not noticed from the action of very minute homœopathic doses. A small dose produces a primary action that is perceptible to an attentive observer, but the living organism employs only so much of the secondary action as is really necessary for the restoration of the normal condition. After the destruction of the natural disease by the minute dose, there still remains a certain amount of medicinal disease, but it is so transient, and disappears so rapidly of its own accord, that the vital force has no occasion to employ more of counteraction than will suffice to elevate the health to its normal state.

(To be continued.)

## THE EPIDEMIC OF TYPHOID FEVER AT KENDAL.

By WM. FREEMAN, Esq., Surgeon, Kendal.

(Concluded from our last.)

NOTE.—The general description of the epidemic in Kendal, given in the former portion of this paper, is to be taken as an integral part of each of the following cases.

CASE XX.—Twenty-eight days. A good deal of diarrhœa, and more than usual exhaustion after the disease had run its course. There seemed to be a slight failure of mind (paranoia) during the early part of the convalescence. *Rhus tox.* 3, then *arsenic* 3, *carbo veg.* 1, *bellad.* 3, and lastly *china* 12.

CASE XXI.—Twenty-eight days. Pneumonia; deli-

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rium ; diarrhœa with sickness (one day only, stopped by *veratr.* 3); tongue very brown and parched. *Baptisia* 1, then *lycopodium* 200 and *arsenic* 3.

CASE XXII.—No special symptoms. *Baptisia* 1.

CASE XXIII.—No special symptoms. *Baptisia* 1.

The last three cases were a father and two children, in a modern cottage, with no nuisances or any appreciable cause of fever, except a little overcrowding from lodgers. The house was clean.

CASE 24.—Ten days. No special symptoms. *Baptis.* 1.

CASE XXV.—Twenty-eight days. A phthisical woman had fever with diarrhœa, from which she was pretty well recovered when pneumonia came on. There was extreme prostration ; the pulse could not be counted ; and the respiration rose to 80. She had first *baptisia* 1 and *arsen.* 3, then *lycopodium* 200 and *carbo veg.* 1 ; afterwards *ipēcac.* 1, *ipēcac.* 12, *ipēcac.* 3, *arsenic* 3, *scilla* 3, *phosphorus* 3. At length, the respiratory difficulty being removed, she had *quinæ sulph.*  $\frac{1}{30}$  grain every four hours. She has gone to work.

CASE XXVI.—Twenty-nine days. Enceinte. Diarrhœa ; nausea ; retching ; delirium ; pneumonia. *Baptisia* 1 and *arsenic* 3, then *baptisia* 1 and *veratr.* 3 ; afterwards *phosphorus* 3.

CASE XXVII.—Ten days. Child of above. Diarrhœa. *Baptisia* 1 and *arsenic* 3.

These two cases were in a very small and foul cottage, consisting of two rooms, both with stone floors laid on joists, and over a handloom weaver's workshop. The usual outside staircase went into a yard partly paved, with the usual surface drainage, in very bad condition. Though by no means a dirty yard for Kendal, report said that at one time fever was in eight houses in it.

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CASE XXVIII.—Twenty-one days. Great stupor ; pneumonia. *Baptisia* 1 and *phosphorus* 3.

CASE XXIX.—Twenty-one days. Stupor ; diarrhœa ; enuresis. *Baptisia* 1 and *arsenic* 3. *Cantharis* 3 removed the enuresis directly.

CASE XXX.—Thirty-one days. Diarrhœa ; pneumonia ; great abdominal pain. *Baptisia* 1 and *bellad.* 3, afterwards *arsenic* 3 and *phosphorus* 3.

CASE XXXI.—Nine days. No special symptoms. *Baptisia* 1.

CASE XXXII.—Nineteen days. Diarrhœa. *Baptisia* 1.

CASE XXXIII.—Fifteen days. No special symptoms. *Baptisia* 1.

CASE XXXIV.—Seven days. Diarrhœa. *Baptisia* 1 and *arsen.* 3.

CASE XXXV.—Six days. No special symptoms. This child had just recovered from measles. *Baptisia* 1.

CASE XXXVI.—Fourteen days. No special symptoms. *Baptisia* 1.

CASE XXXVII.—Three days. No special symptoms. *Baptisia* 1.

CASE XXXVIII.—Two days. No special symptoms. *Baptisia* 1.

Cases 37 and 38 were both well developed cases of several days' standing ; and in both the fever was cut short directly by the *baptisia* 1.

CASE XXXIX.—Thirty-two days ; infant. Pneumonia. *Baptisia* 1 till the pneumonia came on ; then *baptisia* 1 and *lycopodium* 200.

CASE XL.—Eight days. No special symptoms. *Baptisia* 1. One of the cleanest houses among the Kendal

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poor, at the very edge of the town; but with a stinking surface drain running under the front door step. A number of single men lodge in it. A second case of fever occurred in January, and did well.

CASE XLI.—Thirty-six days (including a relapse). Great stupor. *Belladonna* 3.

CASE XLII.—Twenty-seven days; a child, 4 years old. He was perfectly unconscious, and screamed constantly; there were no objective signs of pain; there was no sleep. He had *bellad.* 3, *bellad.* 12, *hellebore* 3, *hellebore* 12, *coffea* 12, *coffea* 200, *hyoscyamus* 12, *hyoscyamus* 3,—all without any relief. *Hyoscyam.*  $\Phi$ , gtt. ij., at bed time, was given. It produced quietness and sleep. It was continued nightly, and gradually reduced to *hyoscyamus* 1. This was given during the remainder of the attack. The child remained unconscious, but with much less screaming, till the end of the third week. He then regained both consciousness and appetite, and rapidly got well.

CASE XLIII.—Thirty-six days. A strumous girl, about 16 years old, was nearly unconscious, and had frequent screaming fits. Catamenia had been absent for some time. The screaming and pain in the head were subdued by *hyoscyamus* 3 and *hyoscyamus* 12. The length of the attendance was caused by the debility following the fever.

CASE XLIV.—Bronchitis. *Baptisia* 1 and *arsen.* 3.

CASE XLV.—Bronchitis. *Baptisia* 1, *arsen.* 3, and *phosphorus* 3.

Cases 44 and 45 were husband and wife.

CASE XLVI.—Eighteen days. No special symptoms. *Baptisia* 1.

CASE XLVII.—Twenty-one days. *Died.* A girl 5 years old had been subject to convulsions. She had fever

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rather severely. *Baptisia* 1 and *arsenic* 3 were given. She recovered and sat up. Appetite good, and gaining strength fast. After some days convulsions of the whole body, with perfect unconsciousness, occurred. A warm bath. *Bellad.* 12 and *hyoscyam.* 12 were used without effect. She died after forty-eight hours.

It is difficult to estimate how much the fever had to do with this death. The child had the usual hydrocephalic air. The improvement after the cessation of the fever militates against the idea that the fever had set up anew the old action inside the skull. More probably the sole factor of the cause of death contributed by the fever was the subsequent debility.

CASE XLVIII.—Twenty-one days. No special symptoms. *Baptisia* 1.

CASE XLIX.—Still under treatment (end of January). A girl about 16 years had a very severe attack of fever. Black tongue and lips; much dark, bloody diarrhœa; cough; delirium; picking at bedclothes, and stupor. Bed sores occurred before the power of turning on the side was lost. She was unable to retain either wine or spirits: brandy and whisky were tried. A little claret was retained at length. *Arsenic* 3, *merc. corrosivus* 12, *carbo veg.* 1 and *lycop.* 200 were given. The bed sores were dressed with an ointment of *Peruvian balsam* 3 ij. to *spermaceti cerate* 3 j. Afterwards, when the discharge became offensive, a weak *carbolic acid* lotion was used. Eneuresis occurred and was stopped by *cantharis* 3. The girl is free from fever; her sores are healing slowly. One breast has suppurated, and one knee is much swelled from the pressure caused by keeping on her belly to relieve the bed sores.

CASE L.—Brother of the above. Still under treatment. All the symptoms named in the preceding case, except

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the bed sores, which were looked for and stopped by rubbing in brandy, and the eneuresis, occurred in this patient. In addition, he had violent rheumatic pains in the back and limbs. He had *arsenic* 3, *carbo veg.* 1, *merc. corrosivus* 12, and *bryonia* 12, when the rheumatism appeared. He progressed very slowly, and after a time ceased to mend. It was found that he was passing 4 pints of dark urine daily. *Causticum* 30 was given, and in two days the urine had returned to its proper quantity and colour. He has mended steadily ever since.

CASE LI.—Eight days. No special symptoms. *Rhus* 3.

CASE LII.—Three days. No special symptoms. *Rhus* 3.

CASE LIII.—Twenty-four days. Diarrhœa and delirium. *Rhus* 3 and *arsenic* 3.

CASE LIV.—Eleven days. Extreme excitability, resembling delirium tremens. *Opium* 1.

CASE LV.—Thirty days. Fever very slight, but there was great nervous exhaustion and sleeplessness, with some liver disturbance. *Veratr.* 12, *nux vom.* 12, *arsenic* 12, *coffea* 12, and *coffea* 200, besides several other medicines were used.

Having thus detailed the general symptoms of the group of cases, and the most marked character of each one, we will proceed to consider some of the facts given. First as to the duration of the treatment:

8 cases were treated for a period under 8 days.

10 cases from 8 to 14 days.

8 cases from 15 to 22 days.

10 cases from 22 to 28 days.

7 cases over 28 days.

10 cases the time of treatment is not given in the memoranda.

2 cases remained under treatment.



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It may be thought that homœopathic treatment ought to have cut many of these cases much shorter, in fact to have aborted the disease. How many of the cases omitted from this list on account of their doubtful character and speedy cure, were really cases of typhoid cannot be said; it is fair, however, to claim that a proportion were probably of this description. Cases 37 and 38 certainly were aborted by *baptisia* 1, and Cases 6 and 52 by *rhus* 3. In Case 13 the fever was stopped by the *rhus* 3, and it was the cough alone for which she was treated the last three days.

A very general symptom observed in these cases was a certain amount of articular rheumatism. This existed in many other cases besides those noted, and was relieved by cotton wadding. The nurses had frequently applied red flannel without being advised to do so; this seemed to relieve the cases in which it was used. In the four cases named, the rheumatism was very considerable. An allopath is said to have been in considerable doubt for some time whether a similar case was typhoid or rheumatic fever.

Taking into consideration the large number of cases in which there was a lesser amount of rheumatic pain—the fact that in Case 50 there was an undoubted case of fever in the house at the same time, the diarrhœa in Case 3 and the delirium in Case 5, together with the general damp atmosphere of Kendal—seems to leave little reason to doubt that these were cases of typhoid with added rheumatic symptoms. No palpitation was observed in any of these cases. The stethoscope was not used.

A certain amount of cough, some bronchitis, and eight cases of pneumonia were observed. Of these last, three were treated with *phosphorus* 3, and five with *lycoperdium* 200; they all were relieved except one of the last, (Case 25), which seemed to baffle everything, and at last

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recovered rather by the *vis naturæ* than from medicine. When indicated, *lycopodium* 200 has in most other cases acted well when the writer has given it for pneumonia; having run out of it he used *lycopod.* 6 for a time with equally good result.

Though diarrhœa is considered as especially a symptom of typhoid fever, it is surprising how seldom it is seen under homœopathic treatment. In the present series of cases there were but eighteen in which it was present, and including Cases 14 and 15, which were markedly dysenteric, only twenty—little more than a third of the whole. Generally the diarrhœa was slight and was soon stopped by *arsenicum* 3. Cases 49 and 50, however, were of a very different character: the dark brown, sometimes tarry, diarrhœa of typhoid, with occasionally red blood and shreds of exudation were seen in these cases. This diarrhœa in both lasted long, and seemed kept in check for a time only successively by *arsenic* 3, *carbo veg.* 1, and was removed at last by *merc. corros.* 12; unless indeed one may attribute the stoppage rather to the alteration in the blood from the cessation of fever.

The comparatively infrequent occurrence of diarrhœa in these cases—and also in all that the writer has treated, both here and at Cambridge—suggests the consideration whether this is more than an accidental symptom of the disease, set going, either by the purging medicine our allopathic friends think necessary in their attempts to cut short the disease when suspected, or to some error in the dietetic treatment or nursing of the patient.

Vomiting occurred in Cases 2 and 21, and in both was soon removed by *veratrum* 3.

Case 26 was pregnant seven months. There was a good deal of retching, but no vomiting; the retching yielded to *veratrum* 3.

A remarkable tendency to the early formation of bed

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sores was observed in this epidemic. The writer was fortunate enough to avoid them in every case but one, though, in a great many instances, the skin seemed to indicate that they would occur. The parts were examined several times daily, and brandy or rum applied on the first appearance of redness. A good many patients in the town are said to have suffered much from them.

Eneuresis was observed in two cases, and was stopped directly by *cantharis* 3.

Polyuria occurred in the convalescence of Cases 7 and 50. In both the urine was dark coloured, though in Case 7 the specific gravity was only 1010. Polyuria occurred also in the convalescence of

CASE LVI.—A young woman had rheumatic fever. While she was recovering, typhoid fever attacked five other persons in the house where she lodged. She nursed them alone as long as she could stand, and then gave way, fever-struck herself. She went through the disease well, but at its close the strength suddenly failed: it was found then that she had directed the household affairs during her illness; this was stopped and she mended. Another period of retrocession came on, and was traced to excessive urination; this was relieved in two days by *causticum* 30, the remedy employed in the other two cases. These three cases indicate the necessity of watching the urine in cases of delayed convalescence from typhoid fever.

Parkes says, (*The Composition of Urine in Health and Disease*, 1860, page 255):

"During convalescence," (from typhoid fever), "the excretion of urea, uric acid, pigment, extractives, and sulphuric acid, sinks for some days below the standard proper to the individual. The water and the chloride of sodium are abundant. It would seem as if the intense activity of the retrogressive metamorphosis was succeeded by a state exactly the reverse. The constructive

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processes are active, the body gains weight, the muscles regain force, and fat is rapidly deposited. As this must be considered a healthy condition, it is to be assumed that the diminution in the urinary ingredients is not a consequence of non-excretion but of non-formation."

If this diminished formation of urine be a part of the reparative process, it is easy to see how fatal a continuation of the metamorphosis of food into urine instead of tissue, or of new formed tissue into urine, must be.

Though there was delirium in almost all the cases, and though it was very marked in twelve cases, two cases alone, 42 and 43, require special notice. In these and a third, attended since then, the screaming was intensely painful; nothing relieved it till the *hyoscyamus* was given.

CASE LVII was a boy about five years old. He had pain in the abdomen, causing violent fits of screaming. The fever symptoms were but little marked for several days, and never acquired prominence over the pain. He had *aconite* 3, *veratrum* 3, *belladonna* 3, *hellebore* 3, *opium* 3, *opium* 1; *hyoscyamus* 3; and it was not till *hyoscyamus*  $\phi$  in half-drop doses was given that he mended. He recovered fast.

It will be seen that the general treatment in these cases has been *rhûs tox.* 3 and *baptisia tinctoria* 1. The earlier cases in the series were treated with *rhûs*, the results were quite satisfactory; but the provings of *baptisia* having attracted the writer's notice, it was given in a few cases and removed so much of the distress of the fever, the delirium, the headache, the lassitude, the pain in back and limbs, that it seemed desirable to substitute it for *rhûs*.

The writer thinks that, though possibly he cannot claim to have shortened the duration of a good many of these cases, most of them have suffered less, have gone

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through the period of fever with less loss of strength, with fewer accidents, and with greater comfort than would have been the case had they been treated under the old system, or even been left alone and well nursed.

One important question more demands consideration. Why did these cases of fever occur? Principally from three causes: improper food, bad dwellings, and bad drainage.

Potatoes and porridge are the staple diet of the poor here. They usually drink tea three or four times daily, and when they have money, spend it in beer and "wigs," a kind of muffin or bun. A certain amount of bread is used, but the number of potato carts in the market renders it certain that it is much too little.

The houses are incredibly poor and very old. They are built with stone walls at least 22 inches thick, and unfortunately seem likely to last for ever. The windows seldom open. The floors are stone on the ground and generally boards in the upper story. Many of them have a receptacle for filth against the door. The walls have been whitewashed inside lately in a good many cases, but many more remain with a coat of grey filth covering the plaster. The houses are built in long narrow yards; almost every house fronting the main street having its yard of cottages behind.

The drainage is almost entirely on the surface, even in the main streets; and in the yards there are badly made gutters, which retain a portion of the soapsuds, kitchen liquor and other filth thrown into them. The yards are seldom paved over the entire surface, and generally want repavement.

There are a great many wells in use still in the town. Water is laid on upon the permanent supply system, but has such an offensive taste that probably many persons prefer the old wells.

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The latrines are often in groups of four or five at the end of the row of houses in a yard. In the house where Case 56 occurred, with five other cases of fever, the latrine was at the gate of the front court; the pit being open to the air and used for ashes. The water was taken for this house from a small stream at a place where it had already received the sewage of a number of houses. There was a pigstye on these premises. In one lot of houses everybody seems to keep chickens in his cellar.

Comment on a set of facts such as these is needless, they tell their own tale; and a stranger would infer the presence of fever on reading them.

One more cause of the spread of fever remains to be mentioned. It is impossible to prevent the poor from putting the healthy to bed with the sick.

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## THE LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

*Minutes of the Meeting held December 6, 1885.*

DR. SIMMONS read a paper on "The present position of homœopathy, with a hint which might prove successful to its advancement in this country." After a very appropriate tribute to the genius, ability and labour of Hahnemann, he referred to the introduction of homœopathy into this and other countries from Germany, and remarked that there are now about 240 regularly qualified medical men practising homœopathy in Great Britain. Of this fact the majority of the medical profession were ignorant, and he thought that were they informed of it, they might be influenced by the fact. He further remarked, that the majority of the profession in this country did not know more of homœopathy than they have learned from such sources as the *Lancet*, especially young practitioners and those in the country. He therefore proposed that an address should be prepared, stating the number of regularly qualified medical men practising

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homœopathy in this country, with their qualifications, and a few facts with respect to homœopathy; and that this should be sent to every practitioner in the United Kingdom who has obtained his diploma within the last fifteen years.

The members present unanimously agreed with the proposal, and hoped Dr. Simmons would prepare an estimate of the cost and other particulars necessary for taking action upon his suggestion.

*Meeting held January 3rd, 1866.*

Dr. HAYWARD having undertaken to act as substitute for Mr. Hudson, brought forward for discussion the following subjects, viz. :—1. Boils and Carbuncles; 2. Alcoholismus Acutus; 3. Carbolic Acid in Chronic Skin Diseases; 4. Compression in Phlegmonous Erysipelas; 5. Is Kali Bichromic a principal remedy in Measles? 6. The Croup Symptoms in Diphtheria.

## 1.—BOILS AND CARBUNCLES.

Dr. HAYWARD asked—Are not boils and carbuncles local deaths of cellular tissue, cast off in the one case as pus, and in the other as a slough? and is not the nature of the morbid state on which they depend essentially a depressed, exhausted, or deranged supply of nervous power to the cutaneous and sub-cutaneous cellular tissue—in particular, inducing improper or imperfect assimilation there, and therefore death of the part which must be then thrown off? And concurrently the organs of digestion, being in a similar state of imperfect nervous supply, there is induced, imperfect and deranged digestion, and therefore imperfect or impure blood; is not the state of the body somewhat analogous to that in *diabetes*? Indeed, sugar is found in the urine during an attack of boils and carbuncles; and diabetics are peculiarly subject to boils and carbuncles. Does the state not also bear some analogy to that in rheumatism and gout? Are not the causes of this morbid state of the body principally continued improprieties or irregularities in diet and regimen, the absorption of poisons, or exposure to infections, or to the vicissitudes of the weather, such as frequent exposure to wet and frequent taking cold? Does not the effect of all these, primarily and principally, fall upon the nervous system? and

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are they not the same causes as those that induce diabetes, gout, and rheumatism?

Should not the treatment be both topical and general? Should not the object of the local treatment be to circumscribe and hasten the suppurative process? Is not the best local treatment for carbuncles an early crucial incision, followed first by soothing applications, such as fomentations and poultices containing *arnica* tincture, and after the formation of the slough poultices containing *barm* or *carbolic acid*? And for boils, first soothing *arnica* poultices and early puncture, and after this *barm* and *carbolic acid* poultices?

NOTE.—With reference, however, to abscesses confined to one particular locality, brought on by simply taking cold, such as quinsy, is it not open to question, whether it is beneficial to open with a lancet, or to allow the total removal of the cellular tissue by natural suppuration, with the object of preventing it taking on the same action again the next cold?

Should not the object of the constitutional treatment be, in the first place, to alter the existing morbid state of the blood by the introduction of such substances as *barm*, and the use of the Turkish bath and out-door muscular exertion? A tablespoonful of fresh brewer's *barm* three times a day in warm water, a Turkish bath every two days, and a daily visit to the gymnasium or cricket-field; and secondly, to strengthen the nervous centres, especially those of assimilation and digestion by the liberal introduction of *phosphoric acid*, *arsenicum*, *china*, *Trefriw water*, and *alcohol*, with an occasional dose of *nux vomica*, *pulsatilla*, *hepar*, or other such medicines?

Dr. DRYSDALE remarked, that not only boils and carbuncles, but all diseases, consist in derangement of nutrition, and are best treated in the usual way—viz., according to the *law of similars*; he does not look at boils and carbuncles as blood diseases, for all diseases must begin in the solids; the morbid state of the blood is a link in the chain, but not the proximate cause; he does not recognise a difference between the state in boils and carbuncles; he thinks the state essentially inflammatory, and requiring first *aconite* and milk diet, and only after-



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wards strong diet ; and he instanced the treatment of Archbishop Whately by Professor Henderson : the best local treatment he had used was muriate of lime (one drachm to two ounces of water) ; and after the separation of the slough, saponinated coal-tar lotion, which relieves pain and heals up the ulcer rapidly. He would not open a quinsy, unless the pain from distention was excessive ; indeed boils and carbuncles should generally be left to natural suppuration ; he was not prepared to recommend early incision of carbuncles.

Mr. MOORE thought there was considerable difference between the constitutional state in carbuncles and that in boils : the particular feature in carbuncles is that the inflammation radiates from a centre. He recommends early crucial incision in carbuncles, but would allow boils to open naturally ; he thinks there is no analogy between the constitutional state between carbuncles and boils, and between diabetes, gout, and rheumatism. The best treatment he thinks is *aconite* and *belladonna*, especially *bell.*, to which he knows no equal in simple suppurations and in whitlow, in alternation with *mercurius* ; he thinks much mischief may be done by too early use of stimulants ; he would advise a moderate diet at first, then gradually increase it in point of stimulation and nutrition ; *barm* may be very useful, as it is in some cases of typhus fever.

Mr. TUCKER thinks the seasons have much to do with the epidemic breaking out of boils ; for instance, they are most prevalent in spring, and occur in persons of a full habit of body. He thinks there is a marked difference between the morbid state in carbuncles and boils, but that there is no connection between these and diabetes, gout and rheumatism. In boils, the state is low, and must be stimulated with wine and brandy in large quantities ; he would allow boils to open of themselves, but carbuncles ought to be opened early with the crucial incision ; he would give *hepar*, sometimes alternated with *aconite*, especially in whitlow.

Mr. WILLANS recommends the use of poultices and early crucial incision in carbuncles, with *aconite* and *belladonna* and stimulants. Boils he would never allow to open naturally, but

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always open them after the formation of matter; he would never use *arnica* for fear of erysipelas.

Dr. SIMMONS would open large carbuncles with free incision, and then apply fomentation; for medicines, he uses *arsenicum* and *carbo veg.*, with generous nourishment.

Mr. McILWRAITH knows from personal suffering that boils tend to appear in the spring. Topically he would use muriate of lime lotion, and internally *arsenicum*. Boils are not mere suppurations, but death of the cellular tissue; carbuncles death of large portion.

Dr. NANKIVEL inclined to Dr. Laycock's opinion, that boils result from eating bad meat, as the epidemics have been since the introduction of foreign cattle; and he instanced some school-boys, who always broke out with boils at school and got better at home. He would incise carbuncles, but he recommends it to be done by subcutaneous incision, entering the knife in just at the edge of the inflamed part.

Mr. HUDSON would incise carbuncles, and then poultice and give *hepar* internally.

(To be continued in our next.)

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## CASE OF STAPHYLOMA.

Reported by C. BRISLEY, Esq., Halifax.

THE following case of staphyloma presents a good illustration of the danger of a mode of treatment too often resorted to by some practitioners, in inflammatory affections of the eye,—namely, the application of *nitrate of silver*; a practice of which one occasionally sees the results in the total and permanent blindness of one or both of the eyes. The patient was a clergyman, in the prime of life. He took cold, from getting wet, in the early part of May, a few years ago. Shortly after this he was attacked with inflammation of the left eye; the pain was intermittent, leaving him sometimes several hours of ease, and it resembled that caused by the presence of sand

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in the eye: there was great sensitiveness to the light. Two days after the pain began he consulted a surgeon, who, on examination, finding there was a speck upon the cornea, touched it with a piece of lunar caustic. The suffering now became greatly increased, and a consultation was held with an oculist, who advised a solution of *atropine* to be applied to the eye. The eye, however, continued to get worse; and a second consultation with the oculist was held. There was now a marked prominence of the central portion of the cornea; this it was proposed should be punctured. The patient inquired what was likely to be the result of such an operation; but as his medical advisers were unable to give a satisfactory answer, he objected to have his eye made the subject of a surgical experiment, declined further treatment, and returned to his home in the country. The treatment which he then had, failed even of reducing the attendant inflammation; and about a month having elapsed since the attack came on, homœopathy was at length thought of. For this very serious case domestic treatment was at first sought, from a friend who used the treatment, and who recommended *euphrasia* to be taken. But as no relief was obtained, and the patient being worn with constant severe pain, his friend recommended him to consult me.

He came to me on the 17th of June. The vessels of the eye were intensely congested; there was extreme intolerance of light; a copious flow of acrid tears; opacity of the cornea, the central part of which, over the pupil, was raised and prominent to a degree, which, when the eye was closed, presented an appearance under the upper eyelid, as if the half of a split-pea had been inserted under the lid. And there was a "sensation as if a piece of burning coal had become fixed in the eye, rather above the pupil."

*Belladonna*, two glob. 12th dilution every four hours—

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nine doses; afterwards every six hours, if the pain should have abated; and I applied a small compress, moistened with cold water, over the eye.

On the 20th the patient reported, by letter, that the pain was more diffused over the surface of the eye; *occasionally* it had been less of a *burning* than of a *lancinating* character. He has had intervals of ease of some frequency and duration. The flow of acrid tears had been quite as profuse; and the eyelid seemed now much more swollen.

Continue *bell.*, as above, every six hours.

June 21st. Saw the patient for the second time, when he stated that "the sensation as of a piece of burning coal seems to have departed; the sensation of heat being comparatively slight and diffused." The pain has now become more of a *smarting* character; *the sensitiveness to light is less*; the lachrymation is *still acrid*, but much less profuse. The opacity and prominence of the cornea remain. The palpebral conjunctiva is very turgid. "All the forms of suffering are now more confined to the early part of the day; and if entire repose is given to the eye during the later portion of the day, it is comparatively easy."

*Bell.*, two glob. 12th dil. three times a day—six days.

June 28th. The sensation of heat has almost entirely ceased; the smarting pain is much less; the sensitiveness to light is less; the lachrymation is of a milder character, but still copious *in the morning*; the lids are agglutinated in the morning, when there is considerable exacerbation of the symptoms generally. The eyelid is much less swollen. The appearance of the eye is much improved: the cornea seems to be less prominent; but the opacity continues.

*Belladonna*, two globules 30th dil. three times a day, for six days.

July 6th. A report was sent, that the improvement in the eye still continues: "it is not so pointed, and the

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opacity seems diminished." There is a good deal of sensitiveness, especially in the morning, with occasional smarting and agglutination. The lachrymation has almost ceased.

*Belladonna*, two glob. 30th dil. twice a day—six days.

July 20th. There is still, occasionally, a slight smarting pain in the eye; and a degree of sensitiveness to the light, which is scarcely provided against by wearing coloured glasses. He can now read without inconvenience; and he was able to preach from a manuscript on the 7th, without any harm resulting to the eye. The morbid prominence of the cornea has entirely subsided; and the opacity is now the only morbid appearance remaining.

*Cannabis*, two glob. 12th dil. twice a day, for six days.

The opacity entirely disappeared, and the sight of the eye was restored to its former unimpaired condition.

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CLINICAL EXPERIENCES, CHIEFLY WITH SOME OF THE NEW REMEDIES.

Reported by Dr. BAIRIE, H.E.I.C.S., Edinburgh.

*Sulphate of Atropine*.—I have found this medicine act most beneficially in several cases of chronic vomiting, after trying other remedies, including pure *atropine*, in vain. The preparation I used was of the strength of  $\frac{1}{300}$ —a drop twice a day.

*Æsculus Hippocastanum*.—This I have found very efficacious in chronic hæmorrhoids and anal affections. The 2nd and 3rd decimal dilutions seemed to act best.

*Cimicifuga*, or *Actæa Racemosa*.—This medicine I have tried pretty extensively in lumbago and rheumatism of the back and shoulders. In many cases success was immediate and striking, in others it utterly failed, without my being able to determine what were the diagnostic symptoms that would enable us to select it. In general I may say, that in cases where it succeeded the seizure had been sudden and almost spasmodic; in the more chronic affections it was of no use. I generally used the mother tincture, in doses of 8 or 4 drops every four hours,

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and if it failed to produce its effects within thirty-six hours, I gave it up and had recourse to *lycopodium* 1, which generally succeeded. It must be added that the *actæa* is very nauseous, and speedily disorders the stomach.

*Hydrastis Canadensis* I have found very useful in cases of simple constipation, uncomplicated with liver or head affections. In ordinary cases the 2nd decimal dilution is enough, but in more obstinate ones the 1st decimal acted well. In many cases it seemed to act as a tonic, as after a short perseverance in its use the bowels began to act of themselves.

*Nuphar Lutea* was successful in some cases of obstinate diarrhoea, particularly where the attacks came on in the morning, and were unattended by much pain or griping. The 2nd or 3rd decimal dilution seemed to answer best.

*Phytolacca Decandra* I have found useful in cases of chronic sore-throat, with some degree of inflammation but without ulceration, especially if the inflammation extended to the uvula, palate, or schneiderian membrane. In diphtheria I have had no opportunity of testing its powers.

*Podophyllin*.—I tried this resinoid in a case of obstinate bilio-mucous diarrhoea, to the symptoms of which it seemed generally to correspond. The dilution used was 30, the object being to secure its secondary or homœopathic action; but it produced a severe aggravation of the disease, followed in a day or two after it was left off by an amelioration of the symptoms. This would justify the inference that it was homœopathic to the case, but should be administered in a still higher dilution; but this, circumstances prevented my trying.

*Rumex Crispus* I have found useful in many cases of dry barking chronic cough, with tenderness of the trachea below the larynx. I used the 6th and 12th dilutions.

## CASE OF FEVER,

TREATED HOMŒOPATHICALLY AND HYDROPATHICALLY.

By J. S. SUTHERLAND, M.D., &amp; JOHN HITCHMAN, Esq., M.R.C.S.

On 26th Dec., 1865, Miss M. L., æt. 12, was seen for the first time. She had returned from an educational establishment the

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day previous, accompanied by her sister, Miss L., who did not complain. Miss M. L. had been indisposed for a few days, and she now presented symptoms of fever which took on the remittent type distinctly: there was some sore-throat; tenderness at the epigastrium; pulse 100; tongue indicating at tip and edges great irritation of the mucous membrane, and white in the middle; considerable erythism of the nervous system, accompanied by restlessness, free secretion of urine, and total absence of lithates in the secretion.

This pointed to a *peculiar* type of fever, in which the nervous and remittent features combined in a rather unusual degree.

The due exhibition of *aconite*, *pulsatilla*, *mercurius*, *moschus* and *arsenicum*, with constant use of wet stomach compress, was followed by convalescence in fourteen days; and the case is chiefly mentioned here as being introductory to that of her sister, Miss L., who, after spending at home the first week subsequent to her return from school, was removed to a friend's house for prudential reasons.

Miss L., æt. 13, of blonde complexion, complained of slight headache on the 5th and 6th of January, 1866.

Jan. 7th. Severe headache with fever, and shivering at night.

8th. Brought home from the friend's house in the evening.

9th. Seen by Dr. Sutherland. Had been much distressed during the night; flushed face; great heat of skin; very irritable and excitable; tenderness over epigastrium; tongue white, edges and tip irritable; pulse 120; thirst; great disturbance of nervous system. *Acon.* and *merc.* 3 alternately, every two hours.

10th. Urine depositing lithates; frequent cough, but no *physical* signs of chest disease; pulse 110; restless night; skin moist and dry alternately. *Acon.* and *merc.*

11th. No lithates in urine to-day, nor did they again become deposited; cough troublesome; other symptoms much as before. *Phos.* 3 every three hours.

12th. To-day she shewed symptoms of the sensorium suffering deeply; is very drowsy; cough better; urine more watery; the quantity of urea eliminated less than normal proportion; bowels had been open yesterday. *Bell.* and *rhüs tox.* alternately, every three hours.

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16th. During the last three days the tongue has become gradually dry and dark. She had been taking light French wine, which was now changed to sherry and water, and beef tea or broth. Urine, skin, drowsiness, and exacerbations of fever much as before; teeth covered with sordes. *Rhus* and *ars.* 3 alternately, every three hours.

17th. Tongue almost black; sordes on teeth, and great drowsiness; but can be roused up to take food or medicine. Continue *rhus* and *ars.*

18th. Frequent fits of moaning and distress; two or three involuntary alvine evacuations, of which she is unaware. *Veratrum* 3 every two hours.

19th. Less drowsy; tongue moist and white; lips have lost their blackness; bowels not moved for fifteen hours; pulse 100; exacerbations distinct, twice a day. No medicine.

20th. Tongue as yesterday; one alvine evacuation, of which she gave warning; still great heat of skin and some drowsiness; face flushed on one cheek. *Cham.*

21st. Much as yesterday; urine steadily nervous and deficient of urea. The wine discontinued, as it now rather excites her and increases the distress. *Ars.* 6 every three hours, alternately with *moschus* 12.

22nd. Tongue much improved; still a few sordes on the teeth; bowels quiet; skin, exacerbations and urine much as yesterday. Some friends of the family having suggested that hydropathic processes might be applicable to such a case, Mr. J. Hitchman, M.R.C.S., who practises hydropathy and homœopathy, kindly consented to have hydropathic treatment added to the case under his own immediate superintendence. *Ars.* 6.

23rd. Dr. Sutherland and Mr. Hitchman saw her together at 8 A.M. Has had a restless night, but in other respects much as yesterday. Mr. H. prescribed towel packing for an hour and a quarter, after which she was sponged down with warm water and after that with cold, then dried well and replaced in bed. Heat of skin considerably reduced. At 6 P.M. again packed for half an hour, and sponged as before. *Ars.* 6.

24th. Has had rather a better night; pulse 100; not quite



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so drowsy; other symptoms much as before. Packed for three-quarters of an hour, and sponged down as before, and well sponged again at 8 P.M., first with warm and then with cold water. Complains of uneasiness after food of any kind. *Ars.* 12.

25th. Skin not so hot; other symptoms unchanged; does not like food of any kind. Packing repeated for half an hour, and sponged as before. *Puls.* 3 every three hours.

26th. Condition much as yesterday. Bowels have acted by means of a simple enema of tepid water. To-day, to have a tepid followed by a cold affusion. *Puls.* 3, as before.

27th. Much prostration and frequent change of symptoms; occasional cold perspirations. Sponging with warm and cold water only. *Veratrum* 6 every three hours.

28th. Yesterday had evidently been a critical day, being the twenty-first. To-day she is distinctly improved; pulse 90; skin cooler; some cough; and an appetite for food. *Phos.* 6 every three hours.

29th. Cough much relieved; pulse 85. Find on enquiry to-day that she knows very little of what has passed for the last three weeks. *Sulphur.*

30th. Continued to improve. Bowels moved easily by tepid water enema. *Sulphur.*

*Remarks.*—From the above date until the 5th February, when she was last visited, her convalescence was uninterrupted. The food which this patient had taken throughout had been light and nourishing, the quantity and quality being watched and changed in accordance with the requirement of the day, and even of the hour. The chief points of interest are—

1st. The supposition that a special poison peculiar to a locality had been productive of this fever, three other cases having occurred in the same locality.

2nd. The deficiency of depurative power, which is so essential in eliminating the morbid products of fever and other effete elements.

3rd. The partial crisis on the 19th January, being the fourteenth day, and the more complete crisis on the 27th January, which was the 21st day of the fever.

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4th. The admissibility of the hydropathic processes in such cases, and which in this case manifestly diminished the disturbance of the nervous system during the third week of the disease, and tended to the production of a favourable crisis on the twenty-first day.

J. SUTHERLAND, M.D.

JOHN HITCHMAN, M.R.C.S.

10 Euston-place, Leamington.

*Remarks by Mr. HITCHMAN.*

The benefit of the water-cure appliance of the wet-sheet pack, followed by the tepid and cold affusion, sometimes immediately after the pack and occasionally without any packing at all, was well marked in this interesting case of remittent fever, assuming for a few days—especially from the 16th to the 19th—a typhoid character. Even from the very first application of the wet pack, when the nervous force was extremely feeble and the functions of the brain were greatly disturbed, its salutary power in producing a reaction was manifest; at first requiring a longer period to accomplish this all-important effect, which in proportion as the powers of life became reinstated, took place in a far less time. The duration of the first pack was an hour and a quarter, then for an hour, and afterwards from thirty to forty minutes were sufficient for the purpose. As the case progressed from a dangerous crisis towards convalescence, it was most cheering to witness the pleasant glow and perfect reaction which came on immediately upon the use of these appliances; not only the perfect safety, but also the complete success of the water treatment being based upon its power to bring on a natural warmth or life action. If it will do this it is undoubtedly a true and most invaluable agency for good, and an all-powerful auxiliary in conjunction with homœopathy in the treatment of disorder and disease. Indeed, they are inseparable truths, attached like Siamese twins the one to the other. The speedy restoration of the greatly reduced powers of life in the case now narrated, and the uninterrupted convalescence which homœopathy and hydropathy in combination successfully effected, are proofs of their identity and oneness. Homœopathy, to be successful, requires

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a clear perception of the grand principle upon which it is founded. This, being truth itself, it has the best prospect of working right in its practical application: So, with hydropathy, or the cure of the disorders of animal life by the agency of water, being an indisputable truth also, strictly in accordance with the laws of nature, if it be skilfully applied, is equally certain to be successful in its practical results, but which necessitates a sound professional education. This, it is to be regretted, is sometimes defective, and often absent, in those who venture thus ignorantly to practise these all-important sciences. Then, neither homœopathy or hydropathy are in their proper position, or in proper hands to be duly successful, in restoring the disturbed balance of nature a healthy equilibrium, in the various cases to which they are applicable.

JOHN HITCHMAN, M.R.C.S.

J. SUTHERLAND, M.D.

Hydropathic Establishment,  
The Arboretum, Leamington.

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CACTUS GRANDIFLORUS IN VALVULAR DISEASE  
OF THE HEART.

Case reported by Dr. O'BRIEN, South Shields.

I HAVE much pleasure in submitting to your readers the following notes of a case of valvular disease of the heart, which I have treated with *cactus grandiflorus*, and I must say that my expectations have been more than realised in this case, as well as in several others of a similar character. The acquaintance I have acquired of the drug leads me to hope that if it be used in rheumatic affections of the heart, it will prove a valuable curative agent in a disease hitherto acknowledged to be hopelessly incurable.

John E., aged 30, had rheumatic fever in the latter part of the year 1858; suffered from that time from the distress consequent upon disease of the heart up to the time he first called on me, which was on the 21st April, 1865. I remarked the expression of his face was anxious, the colour pale and ashy; he complained of great difficulty of breathing; fixed pain in the

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region of the heart; violent palpitation, aggravated by the least exercise; unrefreshing sleep disturbed by sudden startings; lassitude and languor; œdema of the feet (most marked in the evening) and back of the hands; and there was an indolent ulcer situated on the large toe of the right foot, which had resisted, under allopathic care, a stimulating course of treatment for eighteen months. Pulse 75, weak and intermitting every ten pulsations; tongue clean; bowels regular. On auscultation, I discovered a distinct endocardial bruit, clearly audible along the line of the great vessels; increased præcordial dulness; excessive impulse of heart's action and evident enlargement of right ventricle. On the 21st of April, 1865, I prescribed *cac. grand.*, 2nd dec. dil., gutt. ii., ter in die; the toe to be dressed with water dressing.

27th. Expresses himself better; sleep less disturbed; breathing less oppressed; heart's action more rhythmical; the bruit less distinct along the great vessels; pulse intermitting every 15 pulsations; a most marked improvement in the œdema of feet and hands; the ulcer much improved; no very distinct improvement in the colour of his face; ulcer of the toe nearly healed. Continue *cac. grand.* and water dressing to toe.

May 2. Cardiac murmur less distinct; breathing more easily performed; œdema absent in the early part of the day, and only troublesome in the evening in the feet; the anxious ashy expression of countenance is most decidedly better; pulse has ceased to intermit; ulcer on toe healed. Continue *cac. grand.*

8th. Expresses himself free from any pain, and states that he can go about with activity, without inducing any difficulty of breathing; œdema absent; sleep refreshing and undisturbed; heart's action more regular; præcordial dulness diminished and bruit scarcely audible; colour of the skin much improved; complains only of a sense of languor, most distressing in the afternoon. *Cac. grand.*, 3rd dec. dil., nocte maneque.

Feb. 25th, 1866. After a careful examination of his chest to-day, I cannot detect the slightest valvular defect; the cardiac dulness, which was so marked when first under treatment, is

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barely discernible, and the muscular activity of the heart seems to be perfectly restored, performing its functions with regularity and ease. He has never altogether given up the use of the drug, taking it twice a week for the last four months.

## CASE OF TYPHOID PNEUMONIA.

Reported by Dr. TUTHILL MASSY, Reading.

THE case of typhoid pneumonia, which I am about to relate, has nothing very remarkable in its history beyond the treatment, the details of which are now before me in daily notes, and will, I have no doubt, help on the faith of young practitioners in what is called *homœopathic treatment*. The abuse and not the use of physic has driven many of the old school to seek new truths. 1st, from observing the injury done to patients by allopathic drugging; 2ndly, from seeing the advantages of a purely dietetic treatment in many diseases; and 3rdly, from hearing so many favourable reports on the more philosophic therapeutics, by infinitesimal portions of medicinal substances, to meet the varied phenomena of disease. The case now before us is that of a young gentleman, aged 13. Three days before I was called he was ill in bed, and on the day I saw him he had been well purged with chamomile pills. His appearance was anxious, with a dull wandering expression about the eyes; cheeks pale; lips parched; tongue brown and deeply furred; brow-ache; pulse 120; skin hot. He complains of a pain in the right side, with continued cough. On examination, the right lung was found to have considerable dulness over the base, with crepitating râle. For the above symptoms I prescribed *aconite* and *phosphorus*, in the 3rd decimal dilutions, every two hours during the day, given in alternate doses of one drop in a dessert spoonful of water. The diet directed to be given was light beef tea, dry toast, barley water, and as much cold spring water as he might wish to take.

On my second visit, which was the fourth day of illness, there was no observable change, so we continued the same medicines and diet.

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5th day. The pale anxious expression continues; pulse rapid and tremulous; breathing hurried, with a constant snuffling, which the attendant attributed to "delicacy and an accustomed habit;" but this snuffling was more marked than ordinary, for the *ala nasi* almost fluttered, so rapid was their action. On seeing this *Wilsonian* symptom, I was strongly impressed with the propriety of giving *lycopodium* 200. Next day there was a marked improvement; the "*fan-like motion of the ala nasi*" had ceased; he had a good night, and slept throughout. Prescribed *phosphorus* during the day, and one dose of *lycopodium* at bedtime.

7th day. Wandering delirium; cheeks hectic; tongue furred; pulse 130 to 150. The lower lobe of the right lung continues in its congested state; the left lung is also slightly engorged. *Bryon* 3, gutt. 1, 2da. qq. hora. Chicken broth, biscuit powder.

8th day. A dose of *lycopodium* had been given last night to relieve the breathing, which had become hurried, and his lady nurse reported a better night.

9th day. Tongue furred very much, brown but moist; pulse rapid; wandering less or nearly gone. Continue *bryon*.

10th day. Cough less frequent; dulness over lung less extensive; a few petechial spots on skin.

11th day. Cheeks flushed with red patches; tongue furred; pulse rapid; cough troublesome. *Bryon*. 3, ter in die.

12th day. Much better.

13th and 14th day. Improving; but the lady nurse is quite distressed, at the bowels not having been moved since she gave the chamomile pills on the third day; yet she appeared satisfied with my explanation that very little solid food had been taken, and there were no abdominal symptoms to call for any interference.

15th day. Face pale; expression delicate. Diet, roast fowl and bread sauce.

16th day. Tongue clean; appetite improving; bowels slightly moved.

17th day. Felt sick and vomited a little, which the nurse attributed to the imperfect action of the bowels, and she accord-

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ingly gave a dessert spoonful of olive oil, which produced the desired effect.

From this date the boy gradually progressed, and really began to pick up flesh. In the new treatment we have never a long convalescent stage and no drug disease to overcome, so gentle, so simple is the action of remedies homœopathically prepared and prescribed; but in the treatment of lung disease, we should always keep up a temperature of from 62 to 65—the *Queen's Windsor order*.

In all fevers the ventilation should be kept pure by changing the air often in the sick chamber, not by disinfecting fluids, which only conceal injurious odours and give out others, but by fresh air from without. Although the above case occurred during the cold raw month of last February, a fine hour was looked for to admit fresh air, while a wood fire was kept constantly burning to lighten and warm the air within.

I would have continued *lycopod. 200* without the *phos.*, but for the desire to keep to a well tested remedy, for I have had but two cases with the *Wilsonian* symptom. The second case was that of a boy three year's old, with double pneumonia, to whom I was called within four hours of his death, when there was no hope. I prescribed *lycopod. 200*, as the fan-like movement was present, and on calling in two hours, I felt satisfied the remedy had afforded some relief to the distressed breathing, although the test could not be considered a fair one, now that death was at hand.

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*The London and Provincial Homœopathic Medical Directory.*  
London: H. Turner and Co. 1866.

In the compilation of this work the most anxious care has been exercised to render it at once an accurate and complete list of all the members of the medical profession practising homœopathically in the British Islands. No name has, however, been inserted without authorization, and therefore it is that, in looking through its pages, we have noted the omission of a few

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names familiar to us as those of homœopathic practitioners. The editorial notice affords the following explanation:—"In some cases we have been requested not to publish the names of new converts, who, although fully persuaded of the truth of homœopathy, are not yet prepared to avow their belief." Besides these there are a few—we are happy to know only a few—who regard such a list as unnecessary and sectarian, and on these grounds have refused to be included in it. Its necessity is clearly manifested by the almost daily question of patients, on behalf of their friends—"Can you tell us of a homœopathic practitioner in so and so?" Were there no other reason, this one would be sufficient. But there are others. We as medical men want to know, and have a right to know, who, in the great body of the profession, may be regarded as friends of homœopathy, upon whom we may rely as defenders of our system. At a time like the present, when the controversy between the two sections of the medical world wages not only strongly but acrimoniously, when the cause of what we regard as truth of the highest importance is at stake, no man who understands and values that truth, and at the same time has any respect for himself, or any regard for what is due to his colleagues engaged in the heat of the battle, can or ought to withhold from them his countenance and support. To do so is to commit something akin to cowardice. We cannot understand, therefore, why men, who are members of the British Homœopathic Society, and others who have published pamphlets explaining and defending homœopathy, should refuse to allow their names to appear in a list of its professional advocates. Enthusiasm on behalf of a great truth ever commands admiration; but lukewarmness in regard to it, when a powerful opposition is in its front, how contemptible it is! The list of those who are legally qualified to practise in this country comprises 236 names. Five others are given, but they are those of persons whose diplomas afford no evidence of previous medical education.

Another interesting and important feature in this *Directory*, one which belongs to it exclusively, is the list of English towns



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having populations of more than 10,000, and of all the watering-places not yet supplied with medical representatives of homœopathy. To those who are now studying our therapeutics this list will, it is believed, be found of great assistance in enabling them to decide upon their future sphere of practice.

A copy of the *Medical Act*, and of the several amendments which have since been passed, will be found useful for reference; while, at the same time, they will prove to the non-professional reader that the 236 names in the list are not, as an unscrupulous medical press would have them believe, those of *irregular* practitioners. After giving the various *public* Hospitals and Dispensaries, with their medical officers, the *Directory* concludes with a list of books, pamphlets, and tracts bearing upon homœopathy, without reference to any special publisher. This may be, and probably is, imperfect, but no pains will be spared, in a future edition, to render it as complete a bibliography of homœopathy as possible.

Such are the general features of our new *Directory*. Of the necessity for such a work few will have any doubt. That it should be faithful and trustworthy has been the chief aim in its preparation. Its utility will therefore be recognised by all who are anxious to avail themselves of the services of our colleagues, or to advance the interests of homœopathy.

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*The Western Homœopathic Observer.* February, 1866.

From St. Louis we have good evidence of the universal activity and vitality of the homœopathic body, in the shape of the fourth number of the third volume of the periodical above named. "*Muriatic acid*," translated from Mons. A. Espanet's essay by Dr. Clark opens the number, and is followed by Dr. Walker "On Epidemic Cholera," Dr. W. T. Helmuth on "Operations about the Anus." "The Cattle Plague," "Homœopathic Surgery," and some minor notices close the number.

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*Bulletin de la Société Médicale Homœopathique de France.* April, 1866.

At the January meeting of the Society, Dr. Cramoisy read a paper "On Epidemic Cholera-morbus, and its Treatment by a

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Specific, more infallible than *Quinine* in the treatment of Intermittent Fever—*Aconite Napellus*." The general tone of the discussion—in which part was taken by MM. Drs. Jousset, Cretin, Curie, Leboucher, and Léon Simon, jun.—was to the effect, that although Dr. Cramoisy's paper demanded very grave consideration, yet the number of his cases reported was too small to allow the meeting to adopt Dr. Cramoisy's view that *aconite* is an infallible specific in cholera. It was admitted that its pathogenesis points to its close correspondence with most of the symptoms of cholera, and Dr. Cretin stated that *aconite* has been already employed in India as a cure for cholera. M. Paravey, having read a communication on that subject to the Academy, Dr. Cretin does not think that the cases reported point to its service in the collapsed stage of cholera. The cases reported are twelve in number, and Dr. Cramoisy terminates his paper by the assertion that the tincture of *aconite*, given in drop doses every half-hour, will cure cholera or choleraic diarrhoea with certainty. He keeps his patients in bed, and allows them seltzer water or *eau sucrée, ad libitum*. The next paper in the *Bulletin* is a translation of "Some singular cases of Cholera collected during the last Epidemic in Madrid," by Dr. Garcia Lopez. A letter on "Public Hygiène," by Dr. Turrel, completes an interesting number of the *Bulletin*.

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*The Annals of the British Homoeopathic Society.* March, 1866.

There is one standing fault we have to find with our excellent contemporary, which is the total want of punctuality in its publication. Perhaps this is intentional, and on looking at the cover with its March, 1866, in the corner, we are forced to allow that there is no pledge given that it shall appear on the 1st. So late is its issue, that several times we have written to the publisher for our copy, supposing we had been overlooked. We hope its enterprising publishers will take our hint, and bear in mind that "hope delayed makes the heart sick," and that the *Annals* delayed preclude our giving them the notice their contents always deserve in our next published issue.

The present number contains a paper from our very highly

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esteemed colleague, Dr. Black, on a question of paramount importance—"Am I a Homœopathist or am I a Physician?" We shall not say further at present, than that this paper more than sustains Dr. Black's deservedly high position as one of the best of our many good men. 2. Mr. Brisley's paper on "Puerperal Paraplegia," a subject of considerable interest. 3. "Analysis of Report of the Norfolk Trial of Homœopathy in the Cattle Plague," by George Moore, M.D. 4. "Proceedings of the Medical Committee of the Cattle Plague Association," both which papers are valuable contributions to the history of our homœopathic successes in the present epizootic. The report of the above proceedings appeared in our last issue. 5. "Hospital Cases, with remarks," by Dr. Yeldham—a very instructive contribution to clinical medicine.

## NOTABILIA.

THE CHOLERA AND ITS TREATMENT BY  
CAMPHOR ALONE:

With a short communication from Dr. RUBINI of Naples.

In anticipation of the probability of an epidemic outbreak of cholera, it is our duty to enquire into the success of the modes of treatment which have been adopted in the more Southern parts of Europe during the visitation of last year. Foremost among the methods of homœopathic treatment, prominent alike from its having been first propounded by Hahnemann and from its alleged perfect and unvarying success, comes that of our respected colleague and correspondent, Dr. Rubini of Naples.

This physician claims to have treated 377 cases of cholera during the epidemic of 1854-5 by *camphor* alone, *without a single death*; a result so extraordinary and unique, that it is not to be wondered at that it has been received with some degree of caution by many of his confreres, and with positive incredulity by his opponents.

Some months since, we wrote to Dr. Rubini to enquire whether his experience during the epidemic cholera of 1865 confirmed his previous confidence in the powers of *camphor*. In

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answer to our enquiry, he has most kindly forwarded us a copy of his pamphlet, accompanied by a most interesting letter, from which we make the following extracts : \*

" In the first place, let me say that I have not, at present, published any account of the epidemic of cholera during the past year (1865). I am, however, collecting documents from which to publish a well considered statistical pamphlet, such as should not raise opposition and unjust misrepresentation on the part of our enemies. I can, in anticipation, assure you that *camphor* has succeeded marvellously well during this epidemic, equally so as in the former. A very great number of persons used this remedy as a preservative means themselves, and many others with the sole guidance of my pamphlet, which was issued in the form of a few pages of popular instructions, for general distribution among the public. Many allopathic physicians also provided themselves with the *camphor* for the cure of their wives and their families, &c. The allopaths have raised a very fierce opposition against me this time. They have refused to entrust to my charge any public institution or hospital from their great jealousy at my former success. In this city alone I have treated 51 patients, and all have speedily recovered under *camphor* alone. Not one of these 51 invalids has died."

This affirmation of complete success, coming from so well-known and conscientious a physician, is worthy of the most serious consideration and of the fullest practical investigation, in the face of a threatened epidemic of asiatic cholera.

## ANATOMICAL ANOMALIES.

" A strange anatomical phenomenon (says the *Indépendance Belge*) has just occurred at Tournay. A *post mortem* examination of a young non-commissioned officer who had died in the military hospital has shown that all the internal organs were

\* We hope in our next number to give an extended notice of Dr. Rubin's method, as detailed in his very interesting pamphlet.—Ede. M.H.R.

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reversed—thus, the heart was on the right side and the liver on the left, &c. Despite that peculiarity, probably unknown to the young man himself, he had always enjoyed excellent health, and died ultimately of typhus fever."

There is a similar anomaly to be seen among the anatomical collections in the museum of the Royal College of Surgeons in Ireland, beautifully prepared by injections with wax. The subject was a male, and the discovery was not made until after his execution for murder. Had it been previously discovered, his sentence would, possibly, have been remitted.

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**HOSPITAL & DISPENSARY INTELLIGENCE.**

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**BIRMINGHAM HOMŒOPATHIC HOSPITAL.**

THE Annual Meeting of this Institution was held at the Priory School Rooms, on Tuesday, February 6th. A large number of ladies and gentlemen were present. Mr. R. Martineau in the chair.

Mr. C. CORFIELD, the honorary Secretary, read the Report, from which it appeared that the number of in-patients treated during the year amounted to 98. Of these 69 were cured, 13 were relieved, 7 were discharged unrelieved, 3 died, and 6 remain under treatment. The number of consultations given to out-patients was 12,938; 864 patients had been visited at their own homes by the house-surgeon. The expenditure for the year amounted to £800 5s. 1d. The Report concluded as follows:—

"Let it be remembered, too, that many of the patients who come to Homœopathic Hospitals have been already treated ineffectually by other systems of treatment, and that for these, if your institution did not exist, there would remain no further hope of cure. The present building in the Old Square is not only ill-adapted for its purpose both in structure and situation, but is calculated, by the contrast in its appearance with Allopathic Hospitals, to give an untrue impression of the present position of homœopathy in the community. Your committee therefore recommend that a fund be opened for providing a more suitable building. It may take several years to collect a suffi-

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cient amount, but they consider the time has come for making a beginning."

The CHAIRMAN, in moving the reception and adoption of the report, said that for himself he could express his great gratification at almost all the contents of the report. There had been a larger number of in-patients than there had been in any previous year; and it was satisfactory to know that there had been a large number of recoveries, far beyond what he believed was the average. It should, however, be borne in mind, as was stated in the report, that a large proportion of the patients were those who had failed of cure from other sources, and therefore taxed more heavily the skill of the medical officers of the institution. Yet, notwithstanding that, the cures were as large in proportion as those at any other hospital. All these were subjects of congratulation, as was also the fact that the condition of the present building had been noticed, and there seemed promise of an effort being made to release them from their present position and place them in a better (hear). He had no doubt that when the matter came to be discussed, and the inconveniences of the present house were considered—of which they had heard from time to time, more particularly as regarded the out-patients—efforts would be made to place the Homœopathic Hospital and Dispensary in a different position from that which it had occupied to that position which it so eminently deserved. There was no cause for despondency. The progress of homœopathy was, *pari passu* equal to that of any other policy, for they had to consider that it was after all but a matter of recent date, for it was a fact that it was under seventy years—under three quarters of a century—since the first experiments were made by the father of homœopathy, Dr. Hahnemann, and it took a long time to develop the results from those experiments; and it was not till within the last thirty years—he believed he was correct in the statement—that the principle took root in London. Twenty-three years ago there were but six homœopathic practitioners in London, but where there was one then there were twenty-five at present, in addition to a large number of persons who practised homœopathy privately, and there were a great many who did

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that with great efficiency, all which showed that homœopathy, as a system and as a science, was widely extending. And why was it? Was it not because there was truth at the bottom—because it was based on a law, which law was the law of nature, and was therefore fixed and invariable? He had no doubt that Hahnemann himself was startled by his own discoveries, as were the inventors of the electric telegraph, the pneumatic tube, Bramah when he discovered the hydraulic press, and Watt when he discovered what the steam-engine could do. All these inventions were founded upon a law, and to that was due their success; and to similar success they might continue to look forward for the same reason. But it had been said by some, does not homœopathy ever fail? and the same might be said of the other inventions he had mentioned. They might say the same of the electric telegraph, the success of working of which depended upon manipulation; the same also applied to the pneumatic tube and the hydraulic press; and even the steam-engine sometimes failed from errors in its construction. So in like manner there might be errors in the law which regulates homœopathy; there might be errors in the diagnosis of disease; there might be errors in regard to doses, but they did not affect the law, for that remained the same—(hear). He looked with satisfaction not only on its extension here, but elsewhere. There was no large town but had homœopathic practitioners, and in proportion to practitioners were homœopathic patients; and he believed the time would soon arrive when every village would have its homœopathic practitioner—(hear). There was one subject to which he wished to allude. They were threatened with a visitation of cholera, and the authorities of the country had told them that they might look for it in the spring of the present year. They had hitherto been mercifully preserved from the disease in this town up to the present time, and he hoped they might be for the future. But it was necessary to be prepared, and he had no doubt that every effort on the part of their admirable staff of medical officers would be well seconded by those who were favourable to the system. There was every reason why that should be done, for it was a curious fact, and

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should be borne in mind, that while in 1854, when there was a great visitation of cholera in this country, the Homœopathic Hospital in Golden Square, London, was prepared for the reception of patients. The committee had every thing prepared for the reception of cholera patients, and then applied to the Government Board of Health for an inspector to be appointed. A surgeon of some eminence, an allopath, was appointed, and expressed his deep regret, as he said he knew he should have a bad report to render. But what was the result? When the public reports were published, showing what had been done in all the different hospitals in London, it appeared that in all the other hospitals, 86 out of every 100 patients treated died, while in the Homœopathic Hospital the rate was only 16 out of every 100. He considered that fact a matter of the utmost importance, and one that should act as an incentive to them to take every means in their power to make preparation for the coming visitation of the cholera, if it should unfortunately visit this country in the ensuing spring. On the whole, he considered the report which had been read most satisfactory. He should be happy if some effort could be made to increase the funds of the institution, as day by day he found great and increasing demand for the tickets. A short time ago a factory girl applied to him for a ticket, and she received so much benefit, that a whole bevy of girls came to apply for tickets. He trusted that all who valued the institution would support the admirable efforts of the medical officers, and do all in their power to increase the efficiency of the institution.

After the usual votes of thanks had been given, the CHAIRMAN announced that Mr. R. L. Chance and Mr. Josiah Mason had each given £1,000 towards providing a new building. He hoped other friends would follow the example, and that the requisite funds would soon be raised.

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BATH HOMŒOPATHIC HOSPITAL & DISPENSARY.

*Medical Officers*—Dr. NEWMAN and Dr. MORGAN.

Number of out-patients treated during 1865 ..... 580

[No results are given in this Report, nor the number of in-patients.—EDS. *M. H. R.*]



## OBITUARY.

## YORK HOMŒOPATHIC DISPENSARY.

*Consulting Physician*—Dr. DUNN, Physician to St. James's Hospital, Doncaster.

*Surgeon*—ALFRED C. POPE, Esq.

On the Books at the date of last Report, Dec. 31st, 1864 .....	65	
Admitted during 1865.....	391	
Cured .....		182
Relieved and greatly improved .....		151
Irregular and unaltered .....		38
Dead.....		4
On the Books, Dec. 31st, 1865 .....		81
	<hr/>	<hr/>
	456	456

THE ANNUAL REPORT OF  
THE NORTH WILTS DISPENSARY, DEVIZES.

*Physician*—

C. H. MARSTON, Esq., M.D., L.R.C.P. Ed., M.R.C.S. Eng.

Patients under treatment at last Report .....	95
Received during 1865 .....	280
	<hr/>
Total.....	375
Dismissed cured .....	165
Relieved .....	64
Unrelieved .....	12
Died .....	4
Unreported .....	45
At present under treatment .....	85
	<hr/>
	375

The Receipts were.....	£ 50	12	7
„ Expenses .....	47	1	7

Balance in hand...	£ 3	11	0
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## OBITUARY.

## MR. W. A. PARSONS, OF READING.

WE have to record the death of Mr. William Augustus Parsons, L.S.A. and M.R.C.S., at Leamington, on the 4th inst., after an illness of fourteen day's continuance, at the age of sixty-five. Mr. Parsons took his professional qualifications in 1826 and 1828 respectively. He practised for some years in Southam, Warwickshire, and afterwards removed to that very extensive

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field for professional exertion, Birmingham. About the year 1847, he had opportunities of witnessing the careful and successful practice of the late Dr. Fearon, of Birmingham, whose consecutive exposition of the doctrine of homœopathy led to the adoption of that system by Mr. Parsons, who continued to practise it in Birmingham until 1860, when he removed to Leamington, where he has practised for nearly five years. Mr. Parsons, notwithstanding his indifferent health, and the recurrence of severe and sudden attacks of acute disease similar to that which terminated his life, attempted to resume practice in a more extended sphere than was afforded at Leamington, and in January, 1866, removed to the populous town of Reading, in Berks. He had but just entered upon this new sphere of practice at the time of his death.

## CORRESPONDENCE.

## ON THE NOMENCLATURE OF CONCENTRATED MEDICINES.

By the Rev. F. H. M. BLAYDES.

*To the Editor of the Monthly Homœopathic Review.*

SIR,—As much uncertainty and doubt appear to exist as to the correct mode of writing the names of the newly introduced concentrated medicines, I venture to suggest that, in accordance with the requirements of analogy, they should be designated thus: Aconitin, Ampelopsidin, Alnin, Apocynin, Atropin, Asclepiadin, Baptisin, Barosmin, Caulophyllin, Cerasin, Chelonin, Chimaphilin, Cimicifugin, Collinsonin, Colocynthidin, Copaivin, Cornin, Corydalidin, Cypripedin, Digitalidin, Dioscorein, Eupatorin (Perf. and Purp.), Euphorbin, Evonymin, Fraserin, Gelseminin, Geranin, Gossypin, Hamamelidin, Heloniadin, Hydrastidin, Hyoscyamin, Iridin, Jalappin, Juglandin, Leontodontin, Lep-tandrin, Lupulin, Lycopin, Macrotidin, Menisperm-in, Myricin, Phytolaccin, Podophyllin, Populin, Prunin, Rhein, Rhuin, Rumicin, Sanguinarin, Scutellarin, Senecionin, Smilacin, Stillingin, Strychnin, Taraxacin, Trillin, Veratrin, Viburnin, Xanthoxylin, &c. &c.

The rule for forming words of this character is simply to add "in" to the crude form, as it is found for instance clearly marked in the genitive of each noun. Thus Irid-in from Irid-is (not Irisin, as it is sometimes incorrectly written); Rumic-in from Rumic-is (not Rumin); Asclepiad-in from Asclepiad-is (not Asclepin), and so forth. As these remedies are likely to become popular ones, it is well that they should bear their proper names.

As I am on this subject, I would observe by the way, that the medical terms "lithotritry" and "lithontripics" are equally

## NOTICES TO CORRESPONDENTS, ETC.

incorrect. They should be "lithotripsy" (as "autopsy," &c.) and "lithotriptics." Such observations may appear to some trivial and unimportant, but error is none the less error for being prevalent or old.

I am, Sir, your obedient Servant,

F. H. M. BLAYDES.

Harringworth Vicarage, Uppingham.

Feb. 28th, 1866.

[We have received a new list from H. Turner and Co., in which we see that Mr. Blayde's suggestions have been already adopted by their firm.—ED. *M.H.R.*]

## ERRATA.

In February number, page 76, line 15th from bottom, for "immediately coughing" read "immediately after coughing." Page 77, line 16 from bottom, for "relaxation" read "reflex action."

In March number, page 178, line 11 from top, for "bruising" read "burning."

We are also requested by Mr. Blake to say that the patient referred to on page 178, "soon after was completely cured by *arsenicum* 30."

## NOTICES TO CORRESPONDENTS.

**ERRORS IN THE MEDICAL REGISTER.**—The Editor of the *London and Provincial Homœopathic Directory* has received complaints from Dr. Wilson of Hull and Dr. Rowan of Barnsley, that Diplomas held by them and *Registered* were placed in the Unregistered List. In both instances the error arises from the omission on the part of the Registrar to place the qualifications on the Registers. The two gentlemen above named having written letters of complaint to the Registrar of the Medical Council, have received in reply notes stating that the omission was a mere *printer's error*. We think that the carelessness thus shewn in the compilation of the *Official Register* is very reprehensible. The discovery of these errors has been made through the plan adopted in our new Directory, and shews one of the practical benefits from the new arrangement.

A review of Dr. Chapman's works will appear in our next; we regret that want of space prevents its appearance in the present number.

Letters received from Mr. Brisley, Dr. Sutherland, Dr. Tuthill, Mr. E. T. Blake, Dr. G. Moore, Fielden Thorpe, Esq., Dr. Meyhoffer, Dr. D. McConnell Reed.

## BOOKS AND PERIODICALS RECEIVED.

*Text Book of Materia Medica*, by AD. LIPPE, M.D.

*Transactions of the New York State Medical Society*, 1864. Ditto, 1865.

*American Homœopathic Observer*, April.

*Cures by Animal Magnetism*. A. DIDIER.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE INVESTIGATION OF HOMŒOPATHY.

It is to us a source of real pleasure to know, that among a large number of the junior members of the profession, a spirit of enquiry into the real merits of homœopathy is widely spread. That such should be the case is certainly no marvel. Faith in the virtues of allopathically prescribed drugs is so completely gone wherever medicine is carefully studied, that among the most highly cultivated physicians, scepticism as to the advantages of medicinal action under any circumstances increases daily. But the earnest student of medicine regarding the cure of disease as his great end (and the employment of drugs as an obvious means to this end—obvious from the very influence they notoriously have upon the functions of organism)—cannot believe that the consummation of therapeutics consists in mere nursing, however good. His very instincts tell him, that medicines are demanded for the cure of disease. Hearing and seeing the distrust in the prevalent methods of medication by those most competent to express an opinion regarding them, he naturally looks around him for other methods than those he has been taught to follow. Homœopathy presents itself to him as based upon a therapeutic law, and as possessing the confidence of those who have tested it. To homœopathy he therefore accords a willing and anxious attention. That efforts to prevent such

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investigation should be made by those who are committed in word and deed to a persistent denunciation of homœopathy, does not surprise us. A specious attempt of this kind was made in a leading article in the *Lancet* of the 24th of March last. The aim of the writer appears to be to assure those, who may regard homœopathy as having claims to investigation, that it has already been studied in a careful and truth-seeking manner and been found wanting. The following are the passages to which we particularly allude.

"Homœopathy has met with a deliberate and fair treatment at the hands of many of the best minds of profession. It has been more seriously discussed than intrinsically it was entitled to be. There are some propositions which are not worthy of serious discussion."

Homœopathy was not—

"Entitled to any better treatment by sound minds than a summary rejection. But whether entitled to more respect than this it received it. And we are glad that it did so. . . . Such was the treatment homœopathy received at the hands of Sir Benjamin Brodie and Sir John Forbes."

By Sir John—

"The practice of Fleischmann of Vienna, and Dr. Henderson of Edinburgh was discussed, with all possible concessions."

We are further told that this examination has terminated in—

"A complete *exposé* of homœopathy; and that it has put Hahnemann in his right place, as perhaps the most hugely fanciful and credulous man that ever lived."

Now all this specious writing is contrary to fact. No fair, deliberate, or serious examination of homœopathy that was ever made has proved it to be other than true, or has ever assigned to Hahnemann such a position as that described by the Editor of the *Lancet*. Investi-

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gations of homœopathy such as the *Lancet* deems fair have terminated in the investigators forming some such notion of it as is conveyed in the following extract from the *Medical Times and Gazette* of the 24th of March.

"If the homœopathic doctrines were true, no organism under the influence of a medicine *could* be susceptible to the attack of a miasm or other pathogenetic agent. But they are. *Ergo* the doctrines are false. Any woman can treat patients homœopathically, for the globules all come out of one bottle. Physical diagnosis and morbid anatomy are superfluous; the disease is the symptoms, and the symptoms are the disease, says Hahnemann, and the symptoms being known, the right globule can be found in the index. It is rather unlucky that some morbid changes have no constant symptoms."

Every practitioner of homœopathy knows how utterly false every sentence of this paragraph really is: and yet this is regarded as the result of a fair and deliberate discussion of homœopathy!

We maintain that homœopathy has not been fairly discussed by the bulk of the profession. That the "best minds," referred to by the *Lancet*, have done nothing of the kind; but on the contrary, by a partial view of the subject, by an erroneous method of investigation, and in some instances by deliberate misrepresentation, they have thrown dust in the eyes of their brethren, greatly to the disadvantage of scientific medicine and to the injury of the sick.

In support of this position we purpose hastily glancing at the various books purporting to expound homœopathy that have appeared during the last thirty years. In doing so we shall divide the authors into three classes.

The *first* comprehending those whose object appears to have been simply *to write it down*. Their investigations did not proceed far, neither were they in any sense practical. A simple perusal of Hahnemann's *Organon*, unat-

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tended by any effort to test the principles enforced in it, satisfied them that homœopathy was absurd; that the *principle* of *similia*, if it had any existence at all, was limited in the extent of its action to a very few remedies; that the dose of medicine recommended as adequate to the end of its administration was ridiculously small. In arriving at these conclusions they were guided solely by experience in other methods of treatment and by *à priori* inferences. They knew of only a few drugs whose action could be said to be homœopathic. And without further enquiry they refused to listen to experiments instituted by others, which proved that the sphere of this *law* had a far wider range than they had any conception of. So with the dose. Almost invariably using medicines for the purpose of exciting either an antipathic or allopathic action, they necessarily prescribed medicines in the quantities requisite to evoke such actions. They could not believe, and would not *test* the power of an infinitesimal dose when prescribed homœopathically. This want of faith was due to an entire absence of personal experience—in short, to ignorance. The recorded experience of those who had tested the extent of sphere of the homœopathic law, and the sufficiency of an infinitesimal dose administered in harmony with it, they simply denied, or explained away with a want of fairness, of which they would in any other investigation have been incapable.

Of this class the most conspicuous are M. Andral, Dr. A. Wood, Sir John Forbes, Sir J. V. Simpson, Dr. Routh, Dr. Bushnan, Dr. W. T. Gairdner, and Sir Benjamin Brodie.

We have included M. Andral in this division, though in truth he ought to have been considered alone; for there was a degree of hypocrisy attending his supposititious investigation of homœopathy which cannot be laid to the charge of either of those we have named. He professed

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to make a *practical*, a *clinical* study of homœopathy in the wards of La Pitié. The want of sincerity, the ignorance of homœopathy displayed in these so-called experiments, are well shown by Dr. Irvine in the 2nd vol. of the *British Journal of Homœopathy*. Dr. Irvine's examination of the official report of the cases treated shows, that M. Andral was utterly unacquainted with Hahnemann's views, that, from his ignorance of German, he was not in a position to study the *Materia Medica* of which no translation into French had appeared at the time; that his prescriptions were not directed according to the *totality* of the symptoms, but by, what he terms, the "predominating symptom;" an examination of each case, so far as the very limited details published allow, shows that in but very few was it at all probable that *the homœopathic* medicine was administered; that globules were given is true enough, but they were globules saturated with medicines having no relation to the morbid conditions they were prescribed to remove; and finally, though three-fourths of the cases treated were such as required a long course of treatment to cure them, none received more than *one dose* of the remedy selected, its administration was followed by some days of inaction, when, if not cured, the patient was handed over to allopathy.

We affirm that these facts display a degree of hypocrisy such as we could not have anticipated in a man of M. Andral's standing. These 53 cases were *not* treated homœopathically. They were simply represented to have been so; and globules were given to the patients merely to sustain the delusion M. Andral desired to foist upon the profession—the delusion, viz., that homœopathy is false in principle and inert in practice.

This is a fair specimen of what the *Lancet* asserts is a "serious" discussion of homœopathy!

Dr. Alex. Wood is one who clearly read the *Organon*



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purposely to misrepresent homœopathy. His "serious" investigation is styled "*Homœopathy Unmasked*." Unmeasured abuse of Hahnemann; calumnious reflections upon all who have clinically studied homœopathy, upon all who have done so with a result differing from that arrived at by the author; with gross misrepresentation of the principles of the therapeutic system attacked, constitute the staple of Dr. Wood's contribution to the controversy.

An admirable reply, and at the same time faithful exposition of homœopathy, appeared shortly afterwards under the title *A Defence of Hahnemann and his Doctrines, including an Exposure of Dr. A. Wood's Homœopathy Unmasked*.

Sir John Forbes' essay, pointedly alluded to by the *Lancet* as a serious discussion of homœopathy, was conceived and executed in a spirit entirely the reverse of that displayed in Dr. Wood's pamphlet. Sir John erred, but he evidently did so less from a preconceived bias against homœopathy than from his method of studying the subject. It is not true, however, that he reviewed the practice of Fleischmann and Henderson with "all possible concessions." On the contrary, no stone was left unturned in order to explain away their success. The distinguishing and, we may add, the attractive feature of this essay was its entire freedom from the coarseness characterising the lucubrations of Dr. Alex. Wood and others of his stamp. It was fair in so far as it admitted the general accuracy of the clinical facts adduced in favour of homœopathy, and the competency and integrity of those who had noted them. But here all fairness ceased. The evidence of direct medicinal influence, ample and clear as Henderson and Fleischmann had proved it to be, was simply sneered at and ridiculed.

Partial though Sir John was, the absence of any vehement denunciation of Hahnemann, of his disciples and of

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their views, brought down upon him the censure of the weekly medical press and of the apothecary portion of the profession; a censure expressed so loudly as to drive him from the editorial chair of the *British and Foreign Medical Review*!

An examination of homœopathy having even the semblance of being fair and containing no foul and slanderous charges against those who believe in it, the bulk of the profession cannot endure. They seem to have a shrewd suspicion whither a fair examination would lead them, and decline to run the risk of having opinions, to which they stand committed, proved erroneous.

Ten years later, and the author of *Homœopathy, Allopathy and Young Physic*, in "*A Legacy to my Younger Brethren*," yielded to the pressure that had been put upon him; and, while displaying, with all his former vigour, the pitifully barren condition of allopathic therapeutics, he denounces homœopathy as "utterly absurd and useless," as "pseudo specific treatment of the lowest and worst kind," as "a system utterly false and despicable." No clinical study led to this verdict, it was the natural consequence of a rash, angry, unjust judgment.

Another examination of homœopathy, professing to be based upon a study of its clinical facts, was published shortly after Sir John Forbes' first article, by Dr. T. W. Balfour. The observations recorded were made in Fleischmann's hospital at Vienna. The facts were, as usual, all in favour of homœopathy. Dr. Balfour's business, therefore, was to explain them away. True he gives notes of cases of pneumonia, colic, dysentery, and fever of various types recovering more rapidly and more completely than he had previously observed such cases to do. How are such results accounted for? The chief cause of Fleischmann's success, Dr. Balfour tells us, is his abstinence from all drugs. What a reflection this upon

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the experience of 2000 years! The situation of the hospital is stated to be peculiarly healthy, whereas unfortunately for Dr. Balfour's reputation as a trustworthy observer it happens to be in the midst of a poor, crowded and unhealthy suburb of Vienna, is another advantage said to conduce to this superior success.

The nursing by Sisters of Charity is another. But this kind of nursing obtains very largely in Roman Catholic countries, and is equally shared by allopathic as well as by homœopathic hospitals. Feeling, we presume, that his attempts to ascribe Fleischmann's success to the lack of power in his remedies would have but little influence, he, like the barrister with "no case," attacks his opponent's character, and throws out a variety of insinuations against the *bond fides* of Dr. Fleischmann; insinuations for which he cannot adduce the most meagre foundation.

Dr. Routh's book was rather a remarkable affair in its way. The statistics collected and published in it display homœopathy all powerful for good in comparison with other methods of treatment. These statistics, and the facts arising out of them, Dr. Routh endeavours to set aside by some of the loosest reasoning we were ever condemned to read. Feeling his failure he substitutes bluster for argument, slander for reason. "Homœopaths," he says, "are ignorant diagnostes; by a use of falsified statistics they attempt a false comparison with allopathic practice."

This is what we suppose the *Lancet* would call "fair and deliberate"—fair it is not; deliberate, we fear it is. It is a malicious charge, deliberately made to support a position untenable by the ordinary processes of logic.

Dr. Bushnan's "*Homœopathy and the Homœopaths*," professed to be a serious discussion of homœopathy. What is it? The first part is made up of a sweeping denunciation of homœopathists as *knaves and impostors*, while

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homœopathy is asserted to be a delusion and deceit. Dr. Bushnan first states his conclusions, and then proceeds to his arguments. These, so far as they can be esteemed arguments at all, consist of a superficial examination of some of the theoretical views advanced by Hahnemann, views in no way affecting homœopathy, and views, those who know what homœopathy really is—those who believe in and practise it—very generally regard as erroneous. This mode of treating the subject has been somewhat fashionable of late. Hahnemann is read simply to find out his vulnerable points. These are declared to constitute homœopathy, their refutation is supposed to form the demolition of homœopathy, while the demolition of homœopathy—not the attainment of truth—it is, that is the object of the writer's ambition.

Sir James Simpson's elaborate compilation of all that could be said and invented against homœopathy would perhaps be regarded by the *Lancet* as a good specimen of a serious discussion of the subject. From one end of this work to the other we find nothing save assertions without foundations; conclusions based on reasoning the most puerile and fallacious; misrepresentations of fact, and imputations of motives the most unworthy, delivered with an assurance utterly unscrupulous: while pervading every chapter we notice a degree of insincerity, thoroughly destroying all confidence in the *bona fides* of the author. Like each of the works we have referred to, no practical investigation preceded its preparation. It appeared to misrepresent homœopathy, and in so far, and in so far only, was it a success. Dr. Henderson's able reply will be remembered when the book which provoked it has been long forgotten.

Dr. W. T. Gairdner, in the pages of the last edition of the *Encyclopædia Britannica*, in the columns of the *Medical Times* and other journals, has professed to dis-

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cuss homœopathy seriously. All that he has written amounts simply to a denial of the accuracy of the statistics of homœopathic practitioners—a refusal to concede the existence of any truth, any candour, any honesty, in the minds of those who, after a clinical investigation of homœopathy, have not been able to resist the evidence of their senses, and who, not being able to sacrifice their convictions of truth to their notions of interest, have publicly declared their faith in what they have found to be true. Few if any essays that have been written against homœopathy are more disingenuous than those of Dr. Gairdner.

The latest opponent of any note that homœopathy has met with is the late Sir Benjamin Brodie—one specially alluded to by the *Lancet*, as having seriously discussed our method. How, we would simply ask, could a man seriously discuss that which he could not succeed in comprehending: Sir Benjamin tells us in his letter in *Fraser's Magazine*, that after reading Hahnemann, Curie and Sharp, he had "been unable to form any very distinct notion of the system." And yet he professed to have formed, and presumed to express an opinion regarding a mode of treatment of which he could not acquire "any distinct notion." His attack upon homœopathy is unfair, his assertions regarding it incorrect, and his reflections upon those who have formed a "distinct notion" of it uncourteous, unjust and unwarrantable.

The leading feature in all these so-called investigations of homœopathy is, that in not one of them was it put to an honest clinical test. So long as homœopathy is merely "read up," so long as men refuse to look the facts of homœopathy in the face at the bedside of dangerous illness, so long will they form but a very imperfect conception of its value as a therapeutic system; so long will they remain totally unqualified to express themselves critically regarding it.

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The *second* class of writers against homœopathy we do not intend to do more than name. They are those, who with the object it is fair to presume of acquiring a notoriety, dish up, in pamphlet form, mere *rêchauffés* of Wood, Simpson, and Gairdner. One of these pamphleteering worthies does not seem adequately to have succeeded by his exposition of what he terms the "Errors of Homœopathy," for his name and address might have been found in connection with a "Skin Dispensary," almost daily in the advertising columns of the *Times* for some weeks past! His address will certainly be likely to have more readers there, than it probably has had at the conclusion of the preface to his "Errors."

The third class of medical investigators of homœopathy comprises those, who have made a *clinical study* of it the *basis* of their examination. Without presuming *a priori* to repudiate theories hitherto not within the range of their studies, still less concluding that facts detailed by those who observed them are fallacious because they have never had an opportunity of witnessing the like, they have put these theories to a practical test, they have looked for facts similar to those they have found recorded in the way and by the means those employed who had observed them.

Such men are Henderson, Sharp, Tessier, Liagre, Marzellar, Horner, and indeed all who have embraced homœopathy.

The sources of their faith in our system were *clinical observations*.

Take Dr. Henderson's *Inquiry into the Homœopathic Practice of Medicine*, with its careful record of 122 cases, as an example. Compare it with either of the pretended investigations we have commented on, and see in what they differ. In the latter we have seen Hahnemann's

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errors examined as it were through the high power of a microscope, his facts denied, his challenge to institute experiments similar to his before condemning his facts contemptuously avoided. In the former we find Hahnemann's errors admitted, and at the same time their relation to practical homœopathy truthfully pointed out. But more, his challenge to test homœopathy is accepted and the results candidly stated in 122 cases. "From what experience has taught me," says Professor Henderson, "of its operation in disorders curable by any medical treatment, I do not hesitate to say, that I feel bound to give it a decided preference over the ordinary practice." It was *experience* that converted Professor Henderson to homœopathy. It was the want of *experience* that gave rise to the works we have already described.

So also with M. Tessier, experience, and experience alone, induced him to give in his adhesion to homœopathy. Carefully and conscientiously examined in the wards of the hospital to which he was attached, the brevity of illness and the greater frequency of recovery when homœopathic treatment was employed, compared with the duration and mortality of cases occurring in the same hospital under the care of his colleagues decided his faith in homœopathy. He examined Hahnemann's writings—rejected much as, from his point of view, untenable, but holding firmly and earnestly to the cardinal points of his doctrine, he *seriously discussed homœopathy*. More recently another hospital physician in Bordeaux, to whose experiments we referred a few months back, has for reasons derived from experiment—*clinical experiment*—given in his adhesion to homœopathy. Dr. Sharp of Rugby, well known as the author of an *Investigation of Homœopathy*, undertook the examination of the subject *seriously*. To its consideration he devoted two years—two years occupied not with reading merely, but with putting

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into practice that which he read. So with the late Dr. Horner of Hull. An active partisan against homœopathy—he was induced to read some works published in its favour in order to *expose*, or as Dr. Alexander Wood would say, *unmask* it. What he read suggested the propriety or rather the necessity of experiment. His experiments succeeded in a direction the very opposite of that he had anticipated, he yielded to the force of his convictions, and declared for homœopathy.

These are but a few of the more notable instances where homœopathy has been examined with true seriousness. Their characteristic features are *clinical experiment*—the devotion of a considerable length of time to the investigation—perfect candour in examining the writings of Hahnemann.

Thus fairly and deliberately examined, we believe that no medical man who has had the courage to abide by the consequences of such experiments ever failed to acknowledge the advantages of homœopathy. And now, we believe, that no one who will seriously, fairly, and deliberately, and in a sufficient number of cases of a severe type test homœopathy, can fail to appreciate its incomparable superiority to the old system.

It is this examination, serious fair and deliberate, that we desire, and it is even such an examination, that we believe it to be the bounden duty of every member of the profession to institute.

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THE CHOLERA, AND ITS TREATMENT, BY  
CAMPHOR ALONE, ACCORDING TO THE  
METHOD OF DR. RUBINI.

By DR. BAYES.

IN the last number of our *Review*, we alluded to Dr. RUBINI's success in the treatment of the Asiatic cholera



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in Naples, during the epidemics of 1854-5, and during that of the past year. We pointed out that he claims to have *cured every case which has come under his care*—a statement so unique and extraordinary, and one having so important a bearing upon the present *health-crisis*, now that we are again threatened with the irruption of this dreaded disease, that it is our duty to examine critically the basis of testimony upon which it rests.

We have before us Dr. RUBINI's pamphlet,\* in which he details his method of treatment, its success, and the certificates of men in authority as to the truth of his statements.

In his preface, Dr. Rubini says, that he wishes to "impress on the mind of every one the assurance that cholera is readily curable by one single remedy, provided it is administered in the earliest stage of the invasion of the disease. This most simple remedy is the *saturated alcoholic spirit of camphor*. If a man will only provide himself with this remedy, and carry it about with him when he leaves his house, he may thus quietly and securely go about his affairs and fear nothing. The rapid cure, in a few hours, wrought by me in 377 cases, without a single death, has firmly convinced me that *camphor* is the specific against cholera, and that it will, with certainty, cure the disease. This experience gives me the right to affirm that this malady is little to be feared."

The author then proceeds to point out that cholera has yielded to no other remedy, and that it kills 70 out of every 100 patients attacked when they are subjected to the ordinary treatment, or rather by the conflicting treatments, adopted by the allopathic schools. He further shows that cholera kills 10 out of every 100 patients even when

\* *Statistica Omiopatica dei Colerici curati colla sola Canfora, Negli anni, 1854-1855. Napoli Stamperia e Cartiere del Fibreno.*

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treated by homœopathic physicians, if they trust to any other remedy than *camphor* alone. He claims *camphor*, then, as the *sole specific against cholera*. "HAHNEMANN," he says, "first proposed *camphor*, and he and all the homœopaths who have since recommended its use, assert that *camphor* corresponds with the stage of *invasion* alone; but that, on the appearance of the vomiting and diarrhœa, we must prescribe other medicines to check the progress of the disease, and finally to cure it. My own experience has led me, on the other hand, to know that *camphor preserves from and cures this otherwise lethal disease throughout all its stages, and the documentary evidence which I have annexed proves the truth of my views.*"

"Resting solely upon facts, I assert that the cholera observed by me in 1854-55 was not absolutely contagious; that *camphor* is a *certain specific* as a *preservative* against the invasion of the disease; and that it *cures it* during the *early* and during all the *successive stages*, and fosters the force of reaction which nature places in man."

Dr. RUBINI proceeds to divide his method into three parts.

1stly. The process of preparing the spirits of *camphor*.

2ndly. The method of prescribing it as a preventive agent.

3rdly. The mode of administering it as a curative agent.

Dr. RUBINI thinks that the reason why *camphor* has proved of less service in the hands of other physicians than it has done in his, is from the insufficient strength of the spirits of *camphor* in ordinary use. He says that the spirits of wine of commerce is very seldom sufficiently pure for the preparation of homœopathic medicines, and advises that it should be redistilled until it is of sufficient strength and purity to dissolve and hold in solution its own weight of *camphor*. This forms the completely

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*saturated spirits of camphor* advised by Dr. Rubini. A pound of *alcohol* should be distilled till it is so much over-proof as to dissolve a pound of camphor.\* All weaker *spirits of camphor* Dr. Rubini thinks of little or no service. Hence the ordinary spirits of *camphor* of the London Pharmacopœia or that of our Homœopathic Pharmacopœia (which contains one part of *camphor* in five parts of spirits of wine), he considers worthless.

2ndly. "*The preventive method.* When this scourge of epidemic cholera is in any locality, let those who are in good health (while living in accordance with their usual habits) take every day five drops of the *saturated spirits of camphor* upon a small lump of sugar, and repeat the dose three or four times a day. Let them avoid spices, aromatic herbs, coffee, tea, spirituous liquors, strong perfumes, medicated tooth powder, &c. By these simple means many families were preserved from cholera, and many of my friends and patients both in the city and surrounding country. I had few casualties to visit, in my private practice, which is very extensive."

3rdly. "*The curative method.* Two or three doses of *saturated spirits of camphor*, of five drops each, administered every quarter of an hour, sufficed for a speedy cure."

Dr. Rubini was twice attacked himself, owing to excessive fatigue and depression, and very speedily cured himself by these means. The sudden invasion of the disease (when a man is over fatigued, or over excited, or depressed in cholera times) renders it desirable that every one should carry about with him a few little pieces of loaf sugar and a little bottle of the *camphor*, so that he

\* Mr. Capper, the homœopathic chemist in Bath, has kindly made the experiment, and finds that a spirit of wine, 60° over-proof, will dissolve and hold in solution its own weight of *camphor*.

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may take a dose whenever he gets a *qualm* or pain at the pit of the stomach.

“ When a man is seized with cholera, he should at once lie down, be well wrapped up in blankets, and take every five minutes four drops of the saturated tincture of *camphor*. In very severe cases, the dose ought to be increased to from five to twenty drops every five minutes. In the case of a man of advanced age, accustomed to take wine and spirits, where the drug given in drops had no effect, give a small coffee-spoonful every five minutes, and in a very short time the coveted reaction will occur. Ordinarily in two, three or four hours the reactionary fever will set in, with abundant perspiration, and then cure will follow.”

“ By these simple means alone, 200 cholera patients were cured in the Royal Alms-house in 1854. Of these, 15 were especially severe cases, but I did not lose one. All the 200 were saved from the scythe of death and quickly cured. By these simple means alone, in 1855, 11 infirm persons in the Royal Poor-house, and 166 soldiers of the 3rd Swiss Regiment, were very speedily cured. *The first 17 cholera patients in this regiment sent to the Military Hospital of Trinita were treated allopathically, and 15 out of the 17 died. The 166 treated by camphor in the infirmary of the regiment were all cured.*”

“ Of these patients many suffered, for a longer or shorter time, with *bilious diarrhœa*; but one or two doses a day, of two drops of saturated tincture of *camphor*, sufficed to cure this unpleasant symptom.”

“ Some also had relapses from abuse of food or other causes, but *camphor* completed their cure.”

Dr. RUBINI allowed his patients to drink cold water in small quantities at short intervals. Then, when the

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reactionary fever passed off, he allowed a little light broth and farinaceous diet to restore the strength.

Dr. RUBINI meets the objection that has been raised by some, that so large doses of *camphor*, as those used by him, are not *homœopathic*, by pointing out that all medicines prescribed upon the *law of similars* are homœopathic, no matter what dose is used. He shows that a disease, of an extremely acute and transient character, such as cholera, is to be met *homœopathically* by a remedy whose action also is very powerful and very evanescent.

After such extremely large doses of *camphor*, some unpleasant symptoms occasionally remain; these may be speedily removed by a cup of black coffee, or a few drops of tincture of *opium*.

The pamphlet concludes with the publication of certain documents, signed by the authorities, in confirmation of Dr. Rubini's statement, that the 377 cases treated by him were true cases of cholera. The following is a translation:—

## No. 1.

## GENERAL ADMINISTRATION OF THE ROYAL ALMS-HOUSE, AND OF THE HOSPICE, AND OF THE UNITED ESTABLISHMENTS.

I, the undersigned Commandant of the above-named Hospice, hereby certify, that of the body of men placed under my care, composed of 1268 individuals of every age, from the 27th of last July (1854) to the present time, there were 200 individuals attacked by the prevailing disease of cholera; of these there were 15 in whom the disease was terribly severe, who, although they had passed into the last stage, were all perfectly cured by the treatment by *camphor* alone, suggested to me by the homœopathic professor, Dr. Rocco Rubini; there was not one single case of death.

I further certify that Dr. RUBINI not only daily visited those that were attacked, but that when his aid was often sought hurriedly, even during the night, he gave his immediate atten-

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tion, and all this he afforded *gratuitously*. In proof of the above statements, I give these presents.

Naples, September 11th, 1854.

V. B.

Il Generale Governatore,

PUCCI.

(Here is the seal.)

Il Maggiore Commandante,

NICOLA FORNI.

(Here is the seal.)

No. 2.

GENERAL ADMINISTRATION OF THE ROYAL ALMS-HOUSE, AND OF  
THE HOSPICE, AND OF THE UNITED ESTABLISHMENTS.

I, the undersigned Commandant of the above-named House, hereby certify, that by the help of the homœopathic method of cure with the *saturated spirit of camphor*, prescribed by Dr. Rocco Rubini, eleven individuals were rescued from the cholera epidemic just ceased, which, during the months of September, October, and November appeared in the Establishment for the male sex, and of these none died. In corroboration of which I give these presents for the use of those interested.

Naples, February 10th, 1856.

Visto il Generale Governatore,

PUCCI.

(Here is the seal.)

Il Capitano Commandante,

CARLO SODERO.

(Here is the seal.)

No. 3.

GENERAL ADMINISTRATION OF THE ROYAL ALMS-HOUSE, AND OF  
THE HOSPICE AND REUNITED ESTABLISHMENTS.

General Secretariat, Naples, Sept. 30th, 1854.

SIR,—The generous assistance so prodigally bestowed by yourself, from sentiments of the purest philanthropy, to the male inmates of the Royal House during the invasion of the cholera, constitutes a trophy of glory that will not be overlooked by the Author of our being, and the whole force of human praise is wholly inefficacious for its amplification.

So often as it has pleased the Supreme Ruler of the Universe to crown with the happiest results your Christian charity, in not having permitted that any one of the 200 patients under

## CHOLERA AND ITS TREATMENT.

your care should have succumbed to the disease, to me, to whom is committed the care of this recluse family whom I represent, there only remains the duty to present to you this attestation of the sentiment of gratitude in the name and on the part of this same family, and to manifest to you on my side the sentiments of my highest consideration.

To Dr. Rocco RUBINI,  
Professor of Homœopathic  
Medicine, Naples.

General Commandante,  
FILIPPO RUCCI.

No. 4.

COMMAND OF THE SWISS REGIMENT OF WOLFF, No. 3.

No. 1149.

Naples, Nov. 2nd, 1855.

SIR,—When several cases of cholera, some of which were very severe, manifested themselves among the soldiers of my regiment, I expressed to Canon Schwertfeger, my chaplain, my desire to make your acquaintance, in order to request you kindly to visit the invalids in the quarters of my regiment, and to treat them in accordance with your highly reputed method. You, sir, had the goodness to attend to my request, and to come *gratuitously* every day to treat those of my poor soldiers who were sick of the cholera.

God, the remunerator of charity, has crowned your every labour with full success. All my sick soldiers recovered, and so also did Knüsli of the second Cacciatori, of whose recovery little hope was entertained; he now feels himself in perfect convalescence. Therefore, not wishing to trespass on your valuable time, I write to beg that you will not further inconvenience yourself to come now every day to the quarters; but if this disease should again show itself, I shall then again request your most effectual and admirable assistance for the soldiers dependent on me.

Receive this document, sir, as a certificate of service rendered, and as an attestation of my great esteem and gratitude.

To Dr. RUBINI.

Colonel,  
EDUARDO WOLFF.  
(Here is the seal.)

CHOLERA AND ITS TREATMENT.

No. 5 being merely a private note of thanks, accompanying the following statistical statement, we omit.

No. 6.

THIRD SWISS REGIMENT OF WOLFF.

A detailed statement of the individuals of the above-named Regiment treated in the Hospital, as shown in the margin and in the Infirmary of the Regiment, during the cholera beginning on September 30, 1855.

(Here follow the names of 183 soldiers attacked by cholera.)  
Naples, December, 1855.

Colonel Commanding  
the Regiment,  
EDUARDO WOLFF.

Among the above-mentioned 183 individuals noted in the present list as struck down with cholera, 17 *were sent into the Military Hospital of the Trinity, of whom only two had the good fortune to recover.*

The remainder, then, were treated in the Infirmary of the Corps by the homœopathic method of Dr. Rubini, that is to say with the *saturated alcoholic tincture of camphor*, who were all suffering, more or less severely, with this disease, and were all cured. Among the number I would specially mark Knüssli Gaspere (page 2, line 20), who not only passed through every stage of this disease, but, in addition, suffered from typhus, and who, nevertheless, was perfectly cured by this method, and remains in a perfect state of health.

In proof of the truth of these statements, I give these presents, hoping they may prove of service.

Naples, Dec. 16, 1855.

The Colonel Commandant  
of the Regiment,  
EDUARDO WOLFF.

(Here is the seal.)

On the last page of the pamphlet is a tabular statement, showing that four other physicians, who adopted this method, met with equal success. Dr. Sabatini treated 27 cases; Dr. Salutanzi, 56; Dr. Spitelli, 80; Dr. Ricci, 1; and every case was cured.



## MAXIMS FROM HAHNEMANN.

We have deemed it our duty to place this method of treatment of *cholera by camphor alone*, its numerical results, and the corroborative testimony by which these results are verified, fully before the English members of our profession.\* It will also be remembered, that in addition to the 541 cases treated during the years 1854-5, Dr. Rubini has treated 51 during 1865 with an equally brilliant result.

We think that the evidence here adduced has a sufficiently wide basis, including as it does 592 cases, all of which recovered, and resting upon such unexceptionable testimony will justify our repeating the treatment experimentally, if the cholera, which now threatens us, should become epidemic. The treatment here proposed has the advantage of extreme simplicity, ease of application, and of perfect safety.

## MAXIMS FROM HAHNEMANN.

By H. BUCK, Esq., Surgeon, Camden Town.

(Continued from page 280.)

The diseases to which man is liable are partly rapid morbid processes of the deranged vital force, which finish their course more or less quickly. These are termed acute diseases.

Another class comprises those diseases which have almost imperceptible beginnings; deranging the organ-

\* A very short notice of Dr. Rubini's method appeared in the *Annals* of the Homœopathic Society, December, 1865. In the discussion which followed, Dr. Vernon Bell bore his own personal testimony to the high professional and moral worth of Dr. Rubini, and expressed his own most perfect faith in the exactitude and integrity of the statements contained in his pamphlet. To those who feel interested in the subject, we would recommend a careful perusal of the discussion as reported in the *Annals*, to which the short statement of Dr. Rubini's success against the cholera, with *camphor alone*, gave rise.

## MAXIMS FROM HAHNEMANN.

ism, each in its own peculiar manner, and causing it gradually to deviate from the healthy condition in such a way that the vital force only opposes them at the commencement, and they increase insidiously, until at length the organism is destroyed. These are termed chronic diseases.

In making an examination of a case of disease, the patient details the history of his sufferings. Those about him give an account of his complaints, his conduct, and what they have noticed in him. The physician sees, hears, and remarks, by his other senses, what there is of an altered or unusual character about him. He writes down accurately all that the patient and his friends have told him in the very expressions used by them, silently, and if possible, without interrupting them. He begins a fresh line with each new circumstance, and so arranges the symptoms that he can add to any one if required.

When the narrators have finished, the physician elicits more precise information, so as to satisfy himself of the nature and character of the disease—being careful not to frame his questions so as to suggest an answer, or he may be misled and obtain an imperfect or false picture of the disease, from which an unsuitable mode of treatment must result. Having finished writing down all particulars, he then notes what he himself observes in the patient, and ascertains how much of that was peculiar to the patient in his healthy state, and how much may occur from medicine which he might have taken.

If the disease be one of a rapid course, admitting of no delay, the physician must content himself with observing the morbid condition, and prescribe accordingly. But in chronic cases, he may enquire respecting his occupation, mode of living, and ascertain if any thing connected with them may tend to produce or maintain the disease. In all cases the most minute particulars should be attended

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to. They cannot be too accurately noted, for patients become so used to their sufferings, that they pay little or no heed to the lesser symptoms, which are often very pregnant with meaning, and especially useful in determining the choice of the remedy. Patients also differ much in their dispositions. Some are exceedingly sensitive, pourtray their symptoms in very vivid colours. Others are exceedingly mild, and refrain from mentioning many of their symptoms, describe them in vague terms, or allege them to be of no moment. The investigation of chronic affections demands peculiar circumspection, tact, knowledge of human nature, caution in conducting the enquiry and patience in an eminent degree.

In acute disease the investigation is much easier, the phenomena being fresh and striking, and there is much less to enquire into. Nevertheless, the physician should know every thing in such cases also.

When the totality of the symptoms, which forms the picture of the disease, is once accurately sketched, the most difficult part of the task is accomplished. The foundation is laid for the treatment of chronic cases; the physician has it always before him; he can examine it at leisure, pick out the characteristic symptoms, and so place the whole against the list of symptoms furnished by the medicines, whose pure effects have been ascertained. During the treatment of the case, he will note the change effected by the medicine, and strike out the symptoms that have ceased to exist, mark what still remain, and add any fresh ones that may appear.

In order to cure by obtaining the totality of the symptoms, the whole pathogenetic power of the several medicines must be known—all the morbid symptoms and alterations in the health that each of them is specially capable of developing in the healthy individual. The only possible way to ascertain this, is to administer a

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small dose of medicine to a person in health, and carefully note what changes, symptoms and signs such medicine will produce, in what manner it affects the body and mind, and thus the curative powers are ascertained.

From moderate doses the primary action only will be fully developed. The operation on the organism will excite so much of reaction as shall be necessary to raise the health again to a normal standard. Except the narcotic medicines—these sometimes in their primary action destroy sensibility and sensation; consequently the irritation can only be observed during the secondary action, or period of reaction. Some symptoms are very constantly produced in several persons; others more rarely; and some only in very few. These latter may be classed among the idiosyncrasies, and may result from some peculiarity in the constitution; still such symptoms may be equally valuable in curing the sick.

Each medicine will exhibit some peculiar action specially its own, as certainly as every plant differs; and every mineral or salt can be distinguished one from another. So do they all differ in their pathogenetic and therapeutic effects; each capable of producing alterations in the health of the human body, in a peculiar, different, yet determinate manner, so as to preclude the possibility of confounding one with the other.

In proving medicines it must be borne in mind that strong poisons are liable to produce changes in the health of robust persons, even in small doses, while those of milder power may be taken in larger quantities. The subjects selected for experiment should be free from disease, and not over sensitive. The medicines must be pure and genuine, of good strength, taken in a simple unadulterated form; the indigenous plants by mixing the freshly expressed juice with a little alcohol, to prevent it spoiling; exotics in the form of powder, or tincture pre-

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pared with alcohol when they were in the fresh state, and afterwards mingled with a proper proportion of water; salts and gums may be dissolved in water immediately before administration; of plants that can only be obtained in the dry state, a warm infusion should be preferred. During the experiment, the diet must be simple and nutritious; all stimulants, excessive exertion of body and mind, all urgent business or disturbing passions avoided; his whole attention should be as far as possible directed towards himself, without disturbance.

Some medicinal substances do not exhibit the full amount of the power hidden in them until they have undergone a process of trituration and succussion; by such means substances comparatively inert have their properties developed to an incredible extent. This plan is valuable, inasmuch that all persons are not affected by a medicine in an equal degree; sometimes an apparently weak individual may be scarcely affected by moderate doses of very powerful drugs, while he is violently acted upon by others of a much weaker nature. Again, some robust persons are speedily affected by a very mild medicine, and suffer by slight symptoms from stronger drugs. This cannot be known beforehand, therefore it is advisable to commence with a very small dose, and increase it if necessary from day to day.

The sum total of all the symptoms of disease a medicine is capable of producing, can only be made perfect by numerous observations, and that all the provers must observe the same symptoms; but all the symptoms peculiar to a medicine will not be found to occur in one person, nor all at one time, nor during the same experiment; some occur in one person chiefly at one time, in another person some other symptoms appear at another time; and probably the fourth, eighth or tenth prover might confirm those which had appeared in the second, sixth or ninth,

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and so forth. Although this is the case, if the medicine selected fully accord with the morbid state presented, it silently produces in the patient an artificial state closely resembling the natural disease, which it rapidly and permanently cures. The smaller the dose (within certain limits) used for experiment, the more distinctly will the primary symptoms be developed; and these are the most valuable. For if too large doses be used, the primary and secondary actions appear with such impetuosity, that much confusion is created, and accurate observation becomes difficult. It is much to be preferred that the physician should prove some medicines upon himself; it will tend to make him a more acute observer, and it will prove to him certain facts which he can never gain in any other manner; and although he may suffer some inconvenience, his health will become less liable to alteration, and often more robust.

The next point will be to consider the most judicious plan for effecting a cure of natural diseases by this method.

Whichever of the medicines that have been investigated relative to the power of altering man's health, we find to contain in the symptoms observed the greatest similarity to those of a given natural disease,—that will be the true remedy.

When the appropriately selected homœopathic remedy shall be exhibited in a case of acute disease—even the most severe, and accompanied by many sufferings—if it be recent, the sufferings will subside in a few hours (sometimes relief is experienced in a few minutes), and if it be of somewhat longer standing, a few days will remove all traces of indisposition. Chronic maladies require often to be much longer under treatment, more especially if complicated with medicinal disease, by which they are sometimes rendered incurable.

In searching for the true remedy, the characteristic or

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most striking signs and symptoms are chiefly to be kept in view. Such symptoms as debility, headache, loss of appetite, demand but little attention as distinctive symptoms, for they appear under almost every drug. If the antitype composed from the list of symptoms of the most suitable medicines contain those peculiar, uncommon, singular, distinguishing symptoms which are to be met with in the disease to be cured, this medicine will be the appropriate remedy; and if not of long standing, might be extinguished by the very first dose.

Sometimes a slight aggravation of the symptoms will occur during the first hours (a fair sign that the disease will yield to the one dose); the patient believes it to be an increase of his malady, but it is in reality only the medicinal disease exceeding in strength the original affection. The smaller the dose, the less likely is this to occur.

Whenever the doses of the medicine administered cease to have a beneficial effect, a fresh examination of the disease must be instituted, and a suitable remedy selected to meet the (changed) or present condition. This plan should be continued until the cure be effected.

In acute cases where the patient feels very ill, symptoms indistinct, arising from a benumbed state of the nerves which does not permit the sufferings to be distinctly perceived, may be removed by a dose of *opium*. During its secondary action the symptoms become more apparent.

In the treatment of chronic diseases the most careful investigation must be made as to any syphilitic affection, or any complications of psora, with which old venereal infection is almost always complicated. It will be well to ascertain what powerful drugs have been employed, so that they may be combated in the treatment; also, if the temper, disposition or state of the mind has in any way altered, which is very frequently the case.

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In treating mental diseases, coercion can never be justified: the patients should never be reproached. Furious mania should be met with calmness and intrepidity; lamentation and complaint with a mute expression of commiseration. Insane persons should always be treated by the physician and those about them as if they believed them to be possessed of their reason.

In intermittent fevers, the most suitable time for administering the appropriate remedy is just after the termination of the paroxysm; it will then have time to effect the changes requisite for the restoration of health without much disturbance; otherwise it might cause a violent reaction on the organism, which will greatly diminish the strength of the patient. In some cases it may be administered when the perspiration begins to abate.

Every progressive and striking amelioration that takes place after the administration of the medicine should preclude a repetition of the dose, and the good effected should be allowed to progress undisturbed; every new dose, even of the same medicine, may retard the progress of cure, if it has once commenced. Especially in acute cases, when the medicine has been repeated every ten, twenty or thirty minutes, so soon as relief is experienced, the medicine should be allowed to act: an interval of a few hours, or even a whole day, may be necessary.

When the same remedy ceases to do good, and what is left of disease presents a different group of symptoms, a fresh remedy must be found, suitable to this changed condition.

In treating chronic diseases, it may be proper to allow the medicine to act many days, if the cure is progressing.

[Hahnemann generally used globules (in his latter days) of the 30th dilution, dry, or dissolved in water, of which he gave a teaspoonful about once or twice a day. Dr. Trinks declares that Hahnemann's most brilliant cures were in his earlier days by tinctures only.]



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If after six, eight or twelve hours the patient does not shew signs of amendment, but is gradually getting worse, it will be the duty of the physician to select a more appropriate remedy; however, if there be only a very slight improvement, with some degree of comfort, increased calmness, higher spirits, and a return of the natural state, it may be well not to change the remedy too soon.

The physician should avoid making favourite remedies simply because he has found them useful; neither should he neglect to consult others that he may not have happened to gain good results from, owing to his own erroneous selection; but he should remember that *the one* medicine deserves the preference which corresponds to the whole collection of the symptoms, and no petty prejudice should be allowed to interfere.

During the treatment, everything of a medicinal nature should be abstained from; the diet simple and nutritious. Coffee, spices, uncooked fruit and indigestible food, ices, and baths cannot be permitted.

The medicine should always be pure and energetic.

Only one medicine to be administered at a time; never mix two together in the same water. Neither should we select one remedy for one set of symptoms and a second for another portion, but endeavour to find one that covers the whole; and this will prove the only true one.

Avoid too large a dose, for by it too strong an impression is made on the vital force. The diseased parts of the organism are most sensitive, being already affected by the natural disease; and for this reason too large a dose might do harm, in an increased ratio as it is homœopathic to the disease, by greatly exhausting the strength of the patient, instead of gently effecting the cure, as it would have done had the dose been of the appropriate intensity. This is a point which experiment alone can decide; for the condition and temperament of the patient will have much to do with the magnitude of the dose.

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[Hahnemann thinks the dose can never be too small. We know there must be a limit to matter ; and it is quite possible to dilute until nothing of medicine remains, or nothing effective remains. Probably the best plan would be always to try the middle course, and work from it as circumstances may dictate.]

All the doses are, without exception, to be reduced to such an extent that, after ingestion, they shall excite a *scarcely observable* aggravation of the symptoms.

[According to this statement, an almost imperceptible aggravation is necessary to effect a cure.]

The stomach, tongue and mouth, the interior of the nose, the rectum and genitals, are all susceptible to medicinal influence ; also, wounded and ulcerated spots permit the powers of medicines to effect a penetrating action on the organism. A patient destitute of smell may be cured by olfaction.

There are three errors it may be well to avoid :—

1st. To suppose the dose can be too small.

2nd. The improper or too hasty selection of the remedy, without well considering the case.

3rd. In not allowing the remedy to act sufficiently long.

Exacerbations may take place sixteen, twenty or twenty-four days after administration ; this simply shews that the disease is still writhing under the effects of the medicine.

If the mind should become gradually more and more depressed, the remedy should not be repeated.

Pay little or no attention to names of diseases, but study well the symptoms, and find a remedy in harmony with them.

*Drugs taken in large doses produce very different effects to the same taken in small doses.*

*Chemical doses always arrest the vital functions, and may for a period destroy them. The vital principle should*

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*always be allowed to preside, so that it may balance the chemical action necessary for all formative material.*

The majority of chronic diseases spring from psora, a miasm depending on itch; many from syphilis; a few from sycosis.

For the first class, *sulphur* and the antipsoric remedies should be prescribed; for syphilis, *mercury* is the true specific; for the latter (sycosis), *thuya* will be indispensable. For a further illustration of this subject the reader is referred to the *Organon* and Hahnemann's work on *Chronic Diseases*.

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## THE LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

*Minutes of the Meeting held January 3rd, 1866.*

(Continued from page 295.)

Dr. HAYWARD put the following questions.

2.—ALCOHOLISMUS ACUTUS, or rather the immediate effects of Alcohol on the brain. Have the members studied *Cannabis Indicus* with reference hereto?

We have doubtless many excellent remedies for the effects of alcohol on the brain, such as Opium, Belladonna, Hyosciamus, and Stramonium. Opium, for instance, suits those cases marked by stupor, where the person is what is called "dead drunk," and Bel. Hyos. and Stram. has each its own characteristic delirium; but there are cases in which none of these is truly homœopathic. In some of these Can. Ind. is the best remedy; and such cases are indeed the most frequent after the rapid imbibition of spirits, or such wines as Champagne.

The symptoms indicating this remedy will be found in Teste's *Materia Medica*, p. 601, and some very appropriate remarks may be found in Nos. 3 and 4, Vol. III. of the *American Homœopathic Review*.

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I have frequently used this medicine in such cases, in drop doses of tincture, with most excellent and rapid effect; calming the nervous system, allaying the irritability of the stomach, and producing sleep in a remarkably short time.

Though the members had not had experience with it, Dr. DRYSDALE thought it likely to prove useful in strong doses.

Mr. WILLANS found excellent results from Musk in a case marked by fear of death.

In answer to Dr. Simmons, Dr. Drysdale suggested *Actea Racemosa* or *Macroton* to allay the craving for drink.

3.—CARBOLIC ACID IN CHRONIC CUTANEOUS DISEASES. When and how should it be used? Are there not two kinds of chronic cutaneous disease—the parasitic as *Favus* and the non-parasitic as *Eczema*? And are not the parasitic of two kinds—the vegetable as *Favus* and the animal as *Scabies*?

In parasitic diseases, should not the main treatment be external and local; and in the non-parasitic, should not the main treatment be internal and constitutional? for in the parasitic diseases, it is the parasite that keeps up the disease and affects the constitution only secondarily; and in the non-parasitic, it is the constitution that is at fault, and the skin disease is but the outlet, and the external is local manifestation.

In the parasitic diseases, therefore, is not the principal object of the treatment to kill the parasite without delay, and the secondary object to rectify its evil results?

In the non-parasitic diseases, on the contrary, is not the principal object to rectify the morbid state of the constitution, and the secondary object to heal up its external outlet? As to parasitic diseases, then, is not the most important question the following: What is the most certain and speedy parasite poison?

For myself, I have hitherto looked upon Corrosive Sublimate as the most effectual remedy in vegetable parasitic diseases, and Sulphur in animal parasitic diseases. Lately, however, I have ordered a lotion of Carbolic Acid, Acetic Acid, and water externally twice a day; and internally some medicine that appeared indicated by the constitutional symptoms.

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Theoretically Carbolic Acid should be the best poison or preventive of parasites both vegetable and animal, but I must confess I have been disappointed with it, especially in scabies, in which in my hands it has proved very inferior to Sulphur. I have ordered it in many cases and in a variety of ways, but it has generally disappointed me, and I have been obliged to resort to Sulphur at last. I have ordered it in weak solution in water, and in strong solution; in weak solution, in Acetic Acid, and in strong solution; and indeed pure; but I have not been satisfied with its effects.

In the purely parasitic diseases, there is, generally speaking, not the slightest danger from speedily curing the skin disease by external applications, for the disease itself is local and external. In the non-parasitic diseases, however, such as impetigo, milk crust, eczema, the case is very different, for these depend upon some constitutional fault which should first be removed by appropriate internal treatment; and during this time only mild, soothing and cleansing applications to the skin should be used, such as washing, fomenting, poulticing, water-dressing or emollient ointment, with Turkish baths and hydropathic appliances; but even in these diseases, there is a time when local medication is not only not dangerous, but is eminently advantageous and even requisite; and this period should be looked out for and taken advantage of; it is generally evidenced by the eruption ceasing to spread or develop further under the constitutional treatment and soothing local appliances. After this period, I think we are not only quite justified in curing the external manifestation of the disease, but that it is our duty to do so. How then shall we accomplish this? For this purpose, I confess I know no more effectual remedy than the lotion of Carbolic and Acetic Acids.

Caution must, however, be exercised, for I have myself seen children thrown into convulsions from the *too early* drying up of an extensive eczema of the scalp; and I remember a gentleman, past the middle of life, who had an extensive eczema of one leg for years, his general health being very good, but who imprudently applied a lotion of Carbolic Acid, which, though very

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weak, soon dried up the eruption to his intense delight; he however died of apoplexy within a month thereafter. And, on the other hand, I have seen cases of impetigo and eczema which appeared to be just lingering from the induced condition of the skin, and in which no evil but rather beneficial results followed the healing of the skin. Doubtless many of these cases are perfectly and completely curable by internal homœopathic treatment alone, as I have frequently witnessed.

Dr. DRYSDALE remarked that he had found the lotion of Carbolic and Acetic Acids always successful in itch when painted into the seat of the insect; but, as it requires more care and management than the Sulphur ointment, the latter may perhaps be more successful in general, especially as the skin is itself naturally greasy.

He also remarked that the true scabies, curable by Carbolic Acid, is found principally about the wrists; but there may, at the same time, be a non-parasitic sympathetic papular eruption on the abdomen not curable by Carbolic Acid.

4.—COMPRESSION IN PHLEGMONOUS ERYSIPELAS, that is, Would it be advisable to try strapping with adhesive plaister in the earliest stage of phlegmonous erysipelas of the lower extremity, as is done in the case of inflamed testicle?

We are all familiar with the immense advantage of strapping up an inflamed testicle, how immediately it limits and checks the swelling and inflammation, and makes that a matter of two days which would otherwise be a matter of two or three weeks. Would similar results follow similar treatment of the lower extremity in naumatic phlegmonous erysipelas? Does not the danger in both these cases arise from the extensive suppuration and sloughing that occurs? and are not these the results of the distention arresting the circulation and nervous power?

Dr. DRYSDALE thought it might perhaps be well to try it; but he doubted its success, because, as there is more than one source of the blood, there is a want of analogy between the two cases.

Dr. SIMMONS mentioned a case of erysipelas of the arm that had been bound up tightly with injurious effects.

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## 5.—IS KALI BICROMIUM A PRINCIPAL REMEDY FOR MEASLES?

Dr. LIPPE, of America, says, in the *American Homœopathic Journal*, Vol. XIV., p. 206, "it is sometimes the only remedy in measles." 'I am of opinion, that although there are a few similar symptoms, especially the early effects on the mucous membrane of the nose, still the general operation of Kali Bic. does not indicate measles at all. I hold that it is not a few isolated symptoms we are to look to, but to the *general* operation of the medicine. In the symptoms of Kali Bic. there is not the persistent fever, relieved by eruption, that there is in measles. I coincide with what Dr. Drysdale says in the Hahnemann *Materia Medica*: "Idiopathic continued fever does not lie within the sphere of the action of this substance;" and besides, its characteristic eruption is not rash or pimples, but pustules and ulcerations. Doubtless many cases of measles may show some appropriate isolated symptoms for this remedy; but the sphere of Kali Bic. appears to me more indicative of chronic ulcerative catarrh or ozæna.

The rest of Dr. Lippe's remarks on this medicine are an unjust and unwarrantable attack on the Hahnemann *Materia Medica*.

Dr. DRYSDALE agreed that Kali Bic. is not a principal medicine for measles; for though the eruption referred to is somewhat like measles, still it is more the papular roseola that occurs in secondary syphilis; and this medicine is very useful in secondary syphilis. As, however, Dr. Hering has made similar criticisms to those of Dr. Lippe, he will take up this subject for next meeting.

## 6.—THE CROUP SYMPTOM IN DIPHTHERIA. Is this a fatal sign?

From what I have seen, I have come to the conclusion, that when diphtheria so invades the larynx as to produce this symptom, it will run on to a fatal termination. I have seen it in four cases, each of which terminated fatally. I have tried for it Aconite, Kali Bic., Tartar Emetic, Iodine, Bromine, Nitric Acid, Hydrochloric Acid, Carbolic Acid, and a variety of other medi-

## REPORTS OF SOCIETIES.

cines in both high and low dilutions, and pure ; but all in vain. I would have tried Tracheotomy, but that the details of cases so treated have been so discouraging.

Dr. DRYSDALE remembered one case, and it terminated fatally ; and he also remembered losing a similar case before diphtheria was recognized, and looking upon it as the only fatal case of croup he had had.

7.—*SENECIO GRACILIS* IN AMENORRHŒA. Have the members had any experience of it ?

It is one of the medicines mentioned in Hale's book, and highly eulogised for this disease. I have used it in three cases with marked success ; they resulted from damp and cold feet during the "period."

They were marked by rapid failure of health ; complete chlorosis ; dropsical symptoms ; faintings ; very little sleep ; and such absolute prostration as to be unable to leave the bed.

I ordered 1st centesimal, three drops three times a day ; effect—the succeeding period nearly normal.

*Meeting at the Dispensary, February 7th, 1866.*

Dr. DRYSDALE read the paper of the evening—"Some Remarks on the *Materia Medica*." They were specially in reply to some strictures by Drs. Hering and Lippe, of America. He gave abstracts from their remarks, and then observed that they were evidently mistaken, and had altogether misunderstood the matter. He appealed to his writings as evidence that he was quite as careful of symptoms as it is possible to be, instancing the *Hahnemann Materia Medica* and *British Repertory*. In this respect he would give place to no one ; but he certainly did believe it better to refuse doubtful symptoms than admit false ones, because he looked upon a symptom to the homœopath as a lighthouse to the mariner. If a lighthouse be properly placed, it will be useful to the mariner and direct him rightly ; but if improperly placed, it will be worse than useless, for it will deceive him and direct him wrongly ; it would be better for him there were no lighthouse : so with a symptom in homœopathy.



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In reference to the strictures of Dr. Lippe, on the arrangement of Kali Bichrom. in the Hahnemann *Materia Medica*, Dr. Drysdale showed that nearly all the symptoms which Dr. Lippe thought were left out were really inserted, though not found by Dr. Lippe, because they were but parts of other symptoms and were inserted in their proper places. He thought Dr. Lippe had evidently referred to the Hahnemann *Materia Medica* merely for the purpose of criticising it. He could confirm Dr. Lippe's approval of this medicine for the neuralgia and nausea of drunkards, and perhaps for some of the nasal symptoms of measles, but not as a remedy for measles as a whole. It is, however, an excellent remedy for the round ulcer of the stomach, and for secondary syphilis.

Dr. HAYWARD thanked Dr. Drysdale for having taken up this subject, and he thought that homœopathy and homœopaths generally were much indebted to him for having so clearly and completely refuted the charges of Drs. Hering and Lippe. He quite coincided with all that Dr. Drysdale had said, and he believed there was nothing in *Materia Medica* published at all comparable with the Kali Bichrom. and Aconite of the Hahnemann *Materia Medica*; and that were all the well-proved medicines treated in the same way, and then indeed in the manner of the British Repertory, the homœopathic medicines would be much more useful than they are at present.

Mr. MOORE agreed with Dr. Drysdale's remarks, and could confirm the power of Kali Bichrom. in secondary syphilis; and he instanced a remarkably quick cure of syphilitic iritis with it, after the failure of Mercurius corrosivus, Kali Hydriodicum, and other medicines. It is useful also in bronchitis with tough stringy expectoration; also in liver affections with light-coloured stools; and in disease of the kidneys.

Dr. NORRON would certainly rather leave out doubtful symptoms than enter them at once, because, after being once entered, it is very difficult to expunge them, but they could be easily entered after having been proved. He had found Kali Bichrom. very useful in shoemaker's indigestion, which is generally marked by great sinking at epigastrium and want of appetite.

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Dr. NANKIVELL would be very careful of admitting symptoms, because so many may not be the results of medicine at all. A nervous man, by watching himself, might, any day, write down a great number of symptoms without taking any medicine at all.

After some conversation on the Cattle Plague. the Society adjourned to the first Wednesday in March.

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MEETING OF THE NORTHERN HOMŒOPATHIC  
MEDICAL ASSOCIATION.

A MEETING of this Association was held at Manchester on the 11th ult. Dr. Drummond (Manchester) occupied the chair. There were also present,—Drs. Cameron, Dunn, Evans, Harvey, Hayle, Pyburn, Rayner, Rowan, Ryan, and Scott; and Messrs. Blackley, Cox, Fraser, Morehouse, and Pope.

After the minutes of the last meeting had been read, and some preliminary business transacted, the following gentlemen were admitted members of the Association, and joined the meeting immediately after their election :—Dr. Galloway, of Manchester; Dr. Fleury, of Manchester; Mr. Thompson, of Ashton-under-Lyne; and Mr. Howden, of Bowdon.

An Address on the "Uncertainty of Poly-Pharmacy" was then read by Dr. Drummond, which will appear in our next issue.

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NOTES ON THE CATTLE PLAGUE.

By G. M.

*First Note.*—In the Second Report of the Royal Cattle Plague Commissioners, page 80, a letter is printed from a Mr. Egan, of Pesth, describing a mode of treatment which was attended with "very satisfactory results," when Rinderpest raged in Hungary in 1855. The remedies used were *bry.*, *bell.*, *merc. cor.*, *helleb. nig.*, *phos.*, *acid. mur.*, and *arsenicum*. With one exception, these were exactly the remedies which Mr. Moore, V.S. of London, independently prescribed, in his two pamphlets, for the disease

## NOTES ON THE CATTLE PLAGUE.

in this country, and which he and others have used with better results than any other treatment can lay claim to.

*Second Note.*—Just the other day, a pamphlet was published at Leipsig, entitled "The Rinderpest—its origin, causes, diagnostics, propagation, prevention, and curability by homœopathic remedies" (*Die Rinderpest, ihre Entstehung, Ursachen, Kennzeichen, Verbreitung, Verhütung, und Heilbarkeit auf homœopathischem Wege*). The author, Dr. Georg Hübner, recommends *arsen.*, *bry.*, *phos.*, *merc.* and *natr. mur.*—remedies, the last alone excepted, which had been used in this country long before his brochure appeared. Dr. Wilson has taken a great deal of pains to tell the public that there is no veterinary surgeon in England with wits enough to master the *Materia Medica*, and to point out the true homœopathic remedies for the plague; and he has invited us to Germany, or to persons conversant with German repertories, as the authoritative sources of guidance and instruction. I have accepted his invitation, and I give him and my readers the results. He will see how little cause he had to vilipend our English veterinarians.

*Third Note.*—The last Report of the Association for the trial of homœopathy in the plague first appeared in the *Times* of February 22nd ult., and has since been reprinted in two of our medical periodicals. It is now professional property, and comes within the province of professional criticism. On the whole, the Association has done a good work, and has not laboured in vain. But I must take exception to two remarks. Two reasons are assigned for the difference between the per-centage results of their three formal trials in Norfolk, Cheshire, and York—namely, that the difference was due "partly, no doubt, to greater skill," and partly to the disease having assumed a milder character. I shall presently prove that the disease did not become milder till *after* the Association had stopped their experiments. The other reason is equivalent to saying this:—18 per cent. = skill; 30 per cent. = greater skill; 45 per cent. = greatest skill. So that the Association makes the results of an experiment the sole tests of the skill of the experimenters, and offi-

## NOTES ON THE CATTLE PLAGUE.

cially tells the public that a tyro has, "no doubt, greater skill" than three qualified experts, because he happened to cure more cases than they did! The farmers of Forfar are said to have cured two out of three cases; whereas, the late Professor Dick could boast of no more than one in six. Happily, there was no Association in Scotland to commit itself to the self-evident absurdity that the farmers were "more skilful" than the professor. In the same or in even circumstances, the expert must of necessity beat the tyro; where he does not, the external and uncontrollable conditions of the matter experimented upon must be widely different.

*Fourth Note.*—The real facts connected with the Norfolk trial have been made known in our journals, so that it is impossible for an impartial or unjaudiced man to misrepresent the affair, except at his own peril. Mr. Haycock, V.S. of Manchester, has not, I believe, altogether repudiated homœopathy, nor severed the links of professional kinship with his old friends and colleagues. I therefore very much regret to observe the following ugly fling, in the *Veterinarian* of April last. Mr. Haycock, before an assembly of veterinarians, *loquitur*—"The Norfolk men, engaged in the investigation of the disease, shaved the cattle and discovered, they tell us, an exanthem upon the skin of the cattle diseased, when, finding that all his patient's died, he suddenly skedaddled to the intense disgust of his friends and the intense amusement of his enemies." Now, Mr. H., in another part of his oration, describing what a veterinary surgeon ought to be, says he should be "thoroughly truthful" and "discreet in his tongue." These are noble but trite sentiments to utter, and there appears to be ample room for their application and practice. He recommends a smattering of Greek and Latin, but for obvious reasons, *ut supra*, says nothing about the far greater practical importance of knowing how to write and speak good grammatical English. The "Norfolk men," as is well known, stuck to their post and did their utmost. Mr. Haycock will be able to do no more when he has the opportunity and courage to wrestle publicly with the disease. Up to this time he has done nothing but preach its hopeless incurableness—an effete error.

## NOTES ON THE CATTLE PLAGUE.

*Fifth Note.*—The disease has been steadily on the decline for the last few weeks. It is dying out, say some; it is being stamped out, say others. Professional alarmists foreboded the destruction of nine-tenths of our neat stock, if the plague continued its ravages through the omission of the stamping out process. Mr. Lowe, in the House of Commons, said: "If we do not get the disease under by the middle of April, prepare yourself for a calamity beyond all calculation." He and others supposed that the disease would *progressively* increase—that the law of increase, operating in the past, would continue to operate in the future. Dr. Farr, on the other hand, contended that a correct interpretation of this law led him to anticipate culmination and subsequent declension. He predicted that the disease would reach its height about the beginning of March and then decline. Events have singularly verified these expectations. Of all the facts which have been educed out of the history and progress of the disease, none exceed those of Dr. Farr in importance and interest to the epidemiologist. The plague is declining from the operation of causes common to all zymotic diseases, and independent of stamping out. The turning point had been reached *before* the Government authorized slaughter, restricted the movement of cattle, &c.; a fact which should be fully brought before the public. The maximum of attacks occurred in the week ending February 17th, when the number was 13,001. Next week, only 10,167 were attacked. In the week ending March 3rd, 5,197 head were destroyed against 1,711 in the seven days before, and the attacks were 7,810; showing about the same rate of decrease as during the week before slaughtering began. Since this last date, the decrease has been steady, and in approximative accordance with Dr. Farr's previous calculations. Furthermore, the disease has evidently lost much of its former virulence. Up to Feb. 17th, the culminating week, the average ratio of recoveries to attacks was as 1 to 8; whereas, in the six weeks ended March 31st, the rate was 1 in 6, excluding numbers that would doubtless have recovered out of the 27,656 compulsorily felled during this period. From some cause or other, the disease has throughout been

## NOTES ON THE CATTLE PLAGUE.

more successfully dealt with in Scotland than here. It reached its acme there in the same week as in England. For some weeks before this date, one in three had recovered; and during the subsequent six weeks, no fewer than nearly one in two. These facts are, to my own mind, conclusive that the disease, like human pests which have never been met by stamping out, is exhausting itself for the present. Whether it will recrudescence or not remains to be seen. Class legislation and panic are rifling the public purse, and sacrificing our horned cattle; and thus all classes are made the victims of an ill-timed policy dictated by a huge prophylactic fallacy. Slaughtering, however, is a valuable repressive measure, old as the hills, where an epizootic is isolated and sudden, but under no circumstances can it alone be successful *unless extraordinary care be taken to annihilate the contagium* by heat or chemical agency.

*Sixth Note.*—I am glad to observe that "Spectator" has doffed his mask. Dr. Drury's suggestion was "to empty the paunch by the stomach-pump, by forcing in water." Although I do not pretend to be versed in matters of practice appertaining to the veterinary art, I ventured to assert that this proposed operation was "a physical impossibility." Dr. D. now quotes a case from Youatt's work, which case I am willing to accept as competent to settle the small difference between us. A cow had impaction of the paunch or rumen; water was injected by the pump; the instrument got stuffed up and would not work; more water was thrown in; and at last the cow vomited some of the paunch's contents. These are the facts. To me nothing is clearer than that the paunch was not emptied by the stomach-pump, but by the act of vomiting, or, to speak more correctly, by exaggerated regurgitation. I repeat, it is "a physical impossibility," or a mechanical if you like, to empty the cow's rumen by means of the stomach-pump; and this, I understand, is the reason why veterinarians are obliged to resort to the serious measure of incision—counselled by Youatt himself, and exclusively relied on by later authorities.

*Seventh Note.*—Dr. Drury has, I fear, misunderstood my argu-

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ments on the cattle plague. The main proposition was this ;— in a case of uncomplicated plague there are no diagnostic signs in the incubation stage. Dr. Wilson said there were such signs in the lungs. I said, and say, that physical signs, significant of morbid conditions and altered structure of the lungs, cannot exist so early in the disease under any circumstances whatever. The thing is a pathological impossibility in London, or anywhere else. Physical lung-signs *may* exist later, but even then they are not diagnostic, because they are common to other diseases. A positive diagnosis cannot be formed until the special marks of the disease make their appearance. I think I carry Dr. Drury with me in these views, and I am convinced that he has small sympathy with those whose mischievous rhodomontade has amused some and hurt none. Here endeth further controversy on the foregoing points, as far as I am concerned.

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NOTES OF CASES OF SKIN DISEASE TREATED AT  
THE NORTH WILTS DISPENSARY, DEVIZES.

By C. H. MARSTON, M.D., L.R.C.P., M.R.C.S.

ON referring to the Report of the North Wilts Dispensary for the year 1865,\* under the head of "Skin and Mucous Membranes," it will be seen that 39 cases were under treatment, of which 30 were dismissed cured, 1 was relieved, 2 were unreported, and 6 remained. One of the cured cases, and the case under the head relieved, comprised affections of the mucous membrane which do not come under present notice. All the patients suffering from cutaneous diseases, excepting *four* remaining under care and *one* unreported, were cured.

In a class of diseases usually so obstinate, and leaving no room for the exercise of that prolific imagination with which our allopathic brethren believe all our patients to be so richly

\* During this year 375 patients were treated at the above dispensary; the number of patients treated at the Devizes (Allopathic) dispensary during the same time did not exceed 200.

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endowed, such a result is highly satisfactory; and it is conceived that a brief analysis of these cases may not only be interesting, and afford convincing evidence of the efficacy of homœopathic treatment, but that they may also prove of some practical value. In referring to the cases, I adopt the numbers from the Dispensary Case Book.

771. Female, aged 23 years. *Eczema* of arms, wrists and hands from 8 years of age, frequently affecting the chin and other parts of the face; subject to boils. *Graphites*, *rhus*, *sulphur* and *sepia* were used without effect. Gradually improved under trit. *arsenicum iodidum* 2, and dismissed well after twelve months' treatment. It is now nearly a year since the patient left the Dispensary, and she still remains well.

893. Female, aged 25 years. For more than twelve months suffering from *lichen agrius* affecting the face. Catamenia delaying and scanty. Cured under trituration of *sulphur* 3, tincture *sulphur* 80, and tincture *pulsatilla* 6. *Rhus*, *arsenic* and *sepia* were given intercurrently, without much benefit.

973. Female, aged 60 years. *Eczema* of arms and hands. Cured under *graphites*, 2nd decimal trituration.

985. Male, aged 52 years. *Eczema* of legs for six months, with two large ulcers on the right leg. The limbs were firmly supported by cold water bandages, as recommended by Chapman (a plan which I have found invaluable), and *merc. sol.* (6th trit.) was prescribed. The ulcers healed in one month, and in three months the patient became almost well; neglecting to attend for six weeks, the disease again made head, but yielded at once upon repeating the medicine.

1067. Female, aged 17 years. This patient had been cured two years previously by tinct. *sulph.* 12, of an ulcerated cornea, for which allopathic remedies had been long and unsuccessfully used. On the present occasion was suffering from a facial eruption of violently itching papulæ. Quickly cured by tr. *sulph.* 12.

1108. Female, aged 7 months. Vaccination, performed seven weeks before admission, was followed by *impetigo* covering the whole head and face. The child had suffered from laryngeal wheezing and cough from birth. For some time improved in all



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respects under *hepar sulph.* (trit. 3 and tinct. 12), then remained stationary; a further improvement occurred under tinct. *merc. corr.* 3, the respiration becoming almost natural. Again increasing, the eruption was bettered by *rhua*, and finally extinguished by tinct. *arsen.* 3, the laryngeal symptoms having wholly disappeared.

1115. Female, aged 25 years. *Psoriasis* in various parts of the body, but especially affecting the extremities. Relieved by Fowler's solution of *arsenic*; finally removed by cod-liver oil and trit. *sulph.* 3.

1148. Male infant. Impetigo of three weeks' duration. Cured in a few days by trit. *hepar sulph.* 3.

1149. Female, aged 56 years. Bright red, itching and burning papular eruption for six months, especially affecting the extremities; complains of sickness and shivering in the morning, and alternate constipation and diarrhœa. *Sulphur* and *bryonia* in alternation, followed by *arsenicum*, relieved; but relapse occurred. Tinct. *sepia* 12 rapidly effected a cure.

1156. Male, aged 42 years. A pustular eruption about the chin, cheeks and ears, of one week's duration. Cured in a few days by trit. *merc. sol.* 2.

1159. Female, aged 50 years. *Eczema* in various situations, most severe upon the arms and thighs. Cured in a month by trit. *merc. sol.* 2, and an alkaline lotion.

1162. Female, aged 54 years. Had suffered for several years from *eczema* about the head and face, with purulent discharge from the ears, and great irritation behind the ears; chronic diarrhœa; soreness of and discharge from the vulva. Cured by *sulph.* and *puls.* alternately, followed by *hepar sulph.* and *rhua* in alternation.

1172. Male, aged 11 years. Chronic nettlerash for rather more than a year, with headache and pains in the limbs. Cured in six weeks by *rhua* 6 (tincture).

1179. Female, aged 30 years. *Psoriasis*. *Mercurius* and *arsenicum* produced no effect. Cured quickly by trit. *graphites*, 2nd dec.

1183. Male, aged 25 years. *Impetigo* for three years. Cured in six months by trit. *arsen. iod.* 2.

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1212. Female, aged 45 years. Burning, papular, facial eruption for several years. Has tried "everything" for it, without effect. Catamenia very profuse until six months before consultation, when medicine was given to her which wholly suppressed the discharge, and made the eruption much worse. *Tinct. sepia* 2 in one month reproduced the menses, which continued regularly and normally during her attendance for six months, when, after a course of *sepia* 2, 6 and 30, she was dismissed free from her trouble.

1225. Male, aged 5 years. *Impetigo* of face. Quickly cured by *merc. corr.*, followed by *rhus*.

1244. Male, aged 18 months. *Nævus materni*. Cured by ligature.

1280. Female, aged 24 years. The patient, a phthisical-looking girl with chronic cough, dyspnoea, and scanty and delaying catamenia, had suffered for two years from *porrigo* affecting the head, neck and face. The cutaneous affection was cured in two months by *rhus*, *graphites* and *sepia*, the accompanying symptoms being much relieved.

1282. Female, aged 20 years. Eczema for two or three years, chiefly affecting the arms, wrists and hands. *Trit. graph.* 2 for six weeks greatly improved the condition, after which *liq. arsen.* completed the cure in two weeks.

1295. Male, aged 12 years. The boy had had measles six months previously, after which large pustules occurred in various parts of the body, with swelling of the submaxillary glands. Cured in a few weeks by *trit. merc. sol.* 2.

1296. Male, aged 35 years. Eczema of wrists and hands for five or six years. Cured in three months by *trit. graph.* 2.

1309. Male, aged 8 years. Papular eruption for several months, with excessive itching. Quickly cured by *tr. sepia* 6.

1314. Female, aged 50 years. *Prurigo* for several weeks. Cured in a few days by *tr. sulph.* 30.

1355. Female, aged 41 years. Eczema of face, and on inner portion of left thigh; burning and itching, preventing sleep at night. She likewise complains of headache, and pains between the shoulders; tongue brown and dirty. The pains in head

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and back, and the digestive derangements, quickly removed by trit. *merc. sol.*, without much affecting the cutaneous disease. Tr. *sepia* 30 effected a cure.

1412. Male, aged 9 years. Acute nettlerash. Cured in two or three days by tr. *rhus* 6.

The remainder consisted of three cases of scabies, all of which were quickly cured by the internal administration of trit. *hepar sulph.*, combined with the external application of an ointment composed of one part of ungt. hydrarg. (B. P.) and seven parts of lard.

The following analysis of the medicines employed may be of use.

*Arsenicum*. 893. Lichen—no effect. 1108. Impetigo—completed the cure. 1115. Psoriasis—relieved. 1179. Psoriasis—no effect. 1283. Eczema—completed the cure. I usually find grain doses of the 1st trituration or 2 or 3 drop doses of Fowler's solution most efficient, though in some cases the dilutions act well.

*Arsenicum iodidum*, 2nd trituration. 771. Eczema—cured. 1183. Impetigo—cured. Of great value in very obstinate vesicular and pustular diseases which have resisted other treatment. It requires to be used perseveringly for some length of time.

*Graphites*, 2nd decimal trituration. 771. Eczema—no effect. 973. Eczema—cured. 1179. Psoriasis—cured. 1280. Porrigio—of much use. 1296. Eczema—cured. Invaluable in eczema affecting the wrists, hands and fingers. In such cases I seldom use any other medicine. It is usually supposed that this medicine requires high attenuation to develop its medicinal virtues, but in my own experience I have never done much in *this class of diseases* with the dilutions.

*Hepar sulphuris*. 1108. Impetigo—greatly improved. 1148. Impetigo—cured. 1162. Eczema—in conjunction with *rhus tox.* did much service. In three cases of scabies, the only internal remedy. I generally use the 3rd trituration, or tincture of the 12th dilution.

*Mercurius corrosivus*, tincture 3. 1108. Impetigo—improved. 1225. Impetigo—greatly improved.

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*Mercurius solubilis.* 985. Eczema of lower extremities—cured. 1156. Pustular eruption—cured. 1159. Eczema—cured in conjunction with alkaline lotions. 1179. Psoriasis—no effect. 1295. Pustular eruption with inflamed glands—cured. 1355. Eczema—removed the digestive ailments in connection therewith. What *graphites* is to eczema of the upper extremities, I have found *mercury* to be to eczema of the lower, generally using the 2nd and 6th triturations.

*Pulsatilla.* Used beneficially in 893 (lichen) and 1162 (eczema), being particularly indicated by attendant symptoms.

*Rhus toxicodendron*, tincture 2 and 6. 771. Eczema—no effect. 893. Lichen—no effect. 1162. Eczema—in conjunction with *hepar sulph.* completed the cure. 1172. Chronic urticaria—cured. 1225. Impetigo—completed the cure. 1280. Porriigo—gave decided relief. 1412. Acute urticaria—cured in a few days.

*Sepia.* 771. No effect. 893. Lichen—no effect. 1149. Papulæ—completed and confirmed the cure. 1212. Papulæ—a beautiful cure, wholly effected by this medicine. 1280. Porriigo—of real service. 1309. Papular eruption—a good cure. 1355. Eczema—cured by 30th dilution. Marcy and Hunt, in their *Theory and Practice*, affirm that this medicine is inert under the 6th dilution. From my own experience I must differ from them, having often got curative effects from the 2nd decimal, when higher dilutions have left me in the lurch. In skin affections, however, I prefer the higher dilutions, from 6 to 30.

*Sulphur.* 771. Eczema—no effect. 893. Lichen—cured in conjunction with *pulsatilla*. 1067. Papulæ—cured. 1115. Psoriasis—cured in conjunction with cod-liver oil, after relief by *arsenic.* 1149. Papulæ—relieved in conjunction with *bryonia*. 1162. Eczema—did much good. 1314. Porriigo—cured by *sulph.* 30.

## AN UNSUCCESSFUL CASE OF DIPHTHERIA.

By EDWARD T. BLAKE, Surgeon, Wolverhampton.

It may be thought strange by some that I should bring an unsuccessful case before the notice of the readers of this journal;

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to such I would say that, as I have learnt more from the failures of others than from their most brilliant successes, so I suppose that others will derive less advantage from a knowledge of my triumphs than of my defeats.

*Case.* A little boy, aged six years and seven months, lymphatic habit, clear white skin, subject to bilious derangement. His parents consider him to be their most delicate child. When I was asked to see this patient, I was in attendance upon four cases of diphtheria in the house, and two little children were then lying dangerously ill with throats of precisely the same character as was, at a later date, assumed by the case which I am relating; *but in neither of those four cases was there albuminuria*, and each has since made a perfect recovery. I might mention that *Kali Bich.* 3 removed an obstinate discharge from the left nostril, which remained after convalescence in one of the cases.

On the morning of the 28th March, 1866, the little patient complained of a sore throat; during the afternoon before he had been playing on the lawn, and had been sitting on the wet grass. *Bell.* 3.

Evening. P. 96; there is a large patch of white cream-like deposit on the left tonsil. *Phyt. φ.*

29th. Morning. P. 100; is better. Rep. med.

Evening. Not so well. *Bell.* 1. *Merc. Bin.* Alt.

30th. Morning. P. 76. Now there are two large patches in the pharynx; has been vomiting. Rep. med.

Evening. P. 86. Better.

31st. Morning. P. 88. Throat much the same. Rep. med.

Evening. P. 84.

April 1st. Morning. P. 108. False membrane is extending. *Bell.* 1. *Merc. Bin.* 3. Alt.

Evening. P. 92. No. albuminuria. Rep. med.

2nd, 8 a.m. P. 108. Throat a little worse. *Very slight clouding of urine on application of heat.* Rep. med.

Six. p.m. P. 108. Exudation is extending anteriorly to the uvula. *Phyt. φ.* 2 dis horis.

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3rd, 8.30 a.m. P. standing, 130; sitting, 126; lying, 112; Temp. 101 deg. F.; pharynx not better; the tip of the epiglottis is now coated with the same cream-like deposit; uvula better; frequent hoarse cough; has spat up a little of the false membrane, stained with blood; urine more cloudy on boiling. *Canth.* 3. *Brom.* 1. Alt.

Six p.m. P. 128. No apparent change in pharynx; wheezing respiration; inspiration occupies about one second; expiration about one and a half seconds; threatening apnoea at times; a little dribbling of saliva; breath foetid; albuminuria no better. *Ars.* 3. *Hepar.* 3. Alt.

11.30 p.m. P. 132. Temp. 101 deg. Less albumen; left eye does not close during sleep. Rep. med.

4th, 2.30 a.m. P. 126. Pharynx not better. Rep. med.

5 a.m. P. 120. Increasingly impeded respiration; croupy cough; skin moist; he perspires freely near the joints. Rep. med.

7.15 a.m. P. 114. There is no improvement in the state of the pharynx, which is now covered, over its whole extent, with disconnected patches of the same deposit; very little cough; decubitus; no action of bowels; to have a beef-tea and portwine enema each morning. Rep. med.

8.15 a.m. P. 108. Less albumen.

8.30 a.m. Temp. 99.8 deg. Rep. Med.

1.30 p.m. P. 124. Temp. 99.8 deg. Pharynx same; slightly hoarse cough; it has lost its croupy character; no urine passed since last visit. Rep. med.

4.30 p.m. P. 120. No fresh deposit in pharynx; snoring resp.; is sleeping now, with mouth wide open, and the lids of both eyes slightly parted; not much cough. Rep. med.

5 p.m. *Albumen has disappeared from the urine.*

7.30 p.m. P. 110. Plucks at the bed-clothes; tongue brownish in centre; snoring respiration; lies in a sleepy state, from which he can be roused to say that he feels no better. *Bell.* 1. *Brom.* 1. Alt.

10.30 p.m. P. 120. No change in pharynx; less cough; breathing easier. Rep. med.

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5th, morning. P. 120. R. 24. Temp. 98·8 deg. Appears to be better; eyes sometimes closed during the night; no fresh deposit in pharynx; it is still white and cream-like; more coughing; no albumen. Rep. med.

1 p.m. P. 132. No alteration in the pharynx; much sensible perspiration; trunk hot; legs cool.

4.30 p.m. P. 122. R. 28. Hands clenched; nares work. *Hepar. 3. Brom. 1. Alt.*

6.30 p.m. P. 122. R. 28. Temp. 99·7 deg. Albumen has re-appeared in greater quantity than before. Rep. med.

9 p.m. Resp. 32.

9.30 p.m. P. 116. R. 32. Has voided about two ounces of urine. Hitherto the urine has been passed clear; now there is a little cloudiness, which disappears on the first application of heat; albumen increases. *Brom. 1. Ars. 3. Alt.*

6th. A little after midnight the lips became livid, and the little patient passed quietly away.

Post Mortem. The pharynx has been sufficiently described. There is no deposit in the lower part of the pharynx, nor in the œsophagus.

*Air-passages.* The exudation commences with a well-defined margin at the tip of the epiglottis; passes down the middle of its posterior surface; encircles the rima glottidis, and then forms a complete sheath, corresponding to the inside of the larynx and trachea.

At a lower point, the exudation is nearly entirely confined to the right bifurcation of the trachea, though the whole extent of the mucous membrane is highly injected. In the right lung, exudation may be traced into some of the small bronchiæ; but it appears to have been *drawn* into them by violent and repeated efforts of inspiration, rather than to have been *deposited* there. The lungs, of course, full of dark blood, are free from disease. This child had every possible care, and the best of nursing. Up to the last hour it was taking beef-tea, iced port-wine with water, and ice was constantly put into the mouth. Linseed-meal poultice was kept applied to the throat; the room was large and well ventilated; the air moistened by steam; the

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temperature was at first maintained at 65 deg. F., afterwards at 68 deg.

Perhaps it would be well, in quoting cases of diphtheria, to mention if albuminuria be present, as it might prove statistically valuable.

A CASE OF BLINDNESS CONNECTED WITH  
DENTITION.

Reported by C. BRISLEY, Esq., Surgeon, Halifax.

THERE is perhaps no branch of medical practice requiring more careful and more delicate treatment than affections of the eyes; and in treating many of these affections, there are often no small difficulties presented: yet even many of these are overcome with a painstaking perseverance.

The two cases of Affections of the Eye I have reported in the February and May numbers of this *Review*, owed, in their origin, more to Art misapplied than to Nature erring. And one can hardly say that Art had not seriously aggravated the case now to be described; for so heroically had that been applied, that the infant's life appeared, at my first visit, to be in considerable danger. Within a few days he had been under the treatment of one druggist, well known for the liberal administration of drugs, and of two surgeons, the latter of whom had caused a blister to be applied over the back of the head. And during all that treatment, the child had constantly grown worse; so that, in the extremity, homœopathic treatment was at length sought, as a last resource.

The child, S. A. B., seven months old, came under my care on the 23rd of January, 1862, having then been ill three weeks. He had one fit on the 14th and another on the 15th. He is now cutting the first two lower and the first two upper incisors at the same time. He has been, and still is feverish, with attacks of shivering, with much thirst, and with a brown tongue. The *right arm* and the *left leg* are in constant agitation—retracted and extended; and the *left hand* is carried frequently to the left side of the head, as if indicating the seat of uneasiness. There were



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no evidences of pain about the body. He does not sleep well, but has short intervals of quiet sleep, in which the eyelids are now never closed. His head is constantly oscillating. *He is quite blind.*

*Bell.*, 1 globule of 80th dilution, and *Rhus Tox.*, 1 globule of 80th dilution, in alternation every four hours, till improvement takes place.

January 27th. The movements of the right arm and of the left leg ceased a few hours after he took the first dose. He brings the left hand to the head less often. The tongue is clean. He sleeps well. He is still blind. He passed no urine from Friday till Sunday (yesterday); he has passed urine three times since. The bowels acted yesterday, after forty-eight hours inaction.

*Belladonna*  $1/300$  three times a day, two days.

29th. He has ceased to bring the left hand to the head. The head oscillates much less. He passes feces and urine naturally. He now smiles when spoken to, which he has not heretofore done. The eyelids are now nearly closed in sleep. He is still blind.

*Bell.*,  $1/300$  twice a day.

January 30th. The head still oscillates a little. He became able to see last evening, and "has taken a deal of notice to-day."

Continue *Belladonna* as above.

February 3rd. The oscillation of the head continues to diminish. In other respects he appears to be well.

*Sacch. Lact.* twice a day.

February 7th. He appears now to be perfectly well.

From the last date I saw nothing of the little patient till the 8rd of March, when he was again brought to me with a report, that he had not appeared to notice any objects the last three weeks, but had been otherwise quite well. The child is again *quite blind*, but the pupils contract near a lighted candle.

*Belladonna*  $1/300$  three times a day, four days.

March 8th. He is still blind.

*Belladonna*  $1/30$  twice a day.

14th. His eyes follow a lighted candle; but he does not notice objects generally. He has now six teeth through.

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*Belladonna*  $\frac{1}{30}$  twice a day, six days.

21st. The sight does not seem to have improved. The eyelids stick together after sleeping.

*Conium Mac.*  $\frac{1}{30}$  twice a day, six days.

28th. The eyes now readily follow a lighted candle, but he does not appear to see other things. There is less eye gum formed.

*Stramonium*  $\frac{1}{30}$  three times a day, three days, then twice a day, three days.

April 4th. He more readily follows with his eyes a lighted candle; the eyes are sensibly affected with the light of the sun. The eyelids have ceased to stick together.

*Stramonium*  $\frac{1}{30}$  twice a day, six days.

11th. The sight does not appear to improve. The eyes water on exposure to the wind or to the light of the sun.

*Belladonna*  $\frac{1}{12}$  twice a day, six days.

23rd. The eyes more quickly follow the light of a candle; but he does not appear to notice dark objects, even when they are placed near his eyes.

*Silicea*  $\frac{1}{300}$  twice a day, six days.

May 1. His eyes now follow other objects besides a light. He has cut two teeth since the last visit, and he has now eight.

*Silicea*  $\frac{1}{300}$  twice a day, three days; afterwards once a day, three days.

8th. The sight appears to be improving. He has an eruption resembling urticaria on the back of his head, and on his arm. His sister has measles.

*Puls.*  $\frac{1}{30}$  twice a day, four days.

12th. The sight is apparently improving. The eruption has ceased. There are, at present, no symptoms of measles.

*Silicea*  $\frac{1}{300}$  twice a day.

16th. The eyes are inflamed and irritable. He has measles; the eruption has come out well to day. The fever is moderate, with thirst.

*Aconite*  $\frac{1}{30}$  every four hours.

17th. The eyes are still inflamed and irritable, but he appears to see better. The febrile heat and the thirst are less.

*Puls.*  $\frac{1}{30}$  every four hours, xij doses.

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20th. The eyes are much better. The eruption is going off very well.

*Puls.*  $\frac{1}{30}$  every six hours, viij doses.

23rd. The eruption has entirely disappeared. He now has a cough which causes vomiting.

*Bryonia*  $\frac{1}{30}$  every four hours, xij doses.

28th. The cough is much better; the sickness has ceased.

*Silicea*  $\frac{1}{300}$  every evening, four times.

June 7th. He has now become able to take notice of his parents. He took notice of *objects* long before he took notice of *persons*. He cut his ninth tooth yesterday.

*Silicea*  $\frac{1}{300}$  every evening, six times.

14th. The sight appears now to be perfectly restored. He cut another tooth yesterday. He vomits after eating, and has diarrhœa.

*Ipecacuanha*  $\frac{1}{12}$  three times a day, three days.

The further processes of dentition never caused either impairment of sight or derangement of the cerebral functions.

## REVIEW.

*Transactions of the North Western Prover's Association of the Hahnemann Medical College, Chicago.*

THERE is something either in the air of the American continent, or in the political constitution of the country, or in the ethnological peculiarities of the people, or in all these put together, which gives, what the French call an *élan* to the mental direction of Americans, that is less to be found amongst our more eastern peoples. While we *deliberate* and *consider*, they *act* and *accomplish*. In the wilds, which, half a century past, echoed the voice of man only in the chase of the wild beast, or in the savage warfare of Indians, we now hear of cities, and railways, and steamers, and when the earth has been made to yield her fruits, and commerce has sprung up to distribute them, men become rich and the active crave for learning, and colleges and universities spring up in a manner astonishing to our more quiet and consolidating modes of thought, while we, in *England*, are

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still without even an *examining body* among homœopaths, *Chicago* boasts of a Hahnemann Medical College, and this college has inaugurated, as one of its useful contributions to medicine, a "Prov. r's Association," under the presidency of Professor E. M. Hale, M.D., whose admirable book on "*New Remedies*" is now passing into another edition. We have met with a few among the "lotus eaters" of our profession, men who "float on the golden flood" of fashionable practice, who decry "new remedies." "Why are we plagued with more brain work"? say they. Do not Hahnemann and *Jahr* satisfy us? Nay; are we not already "embarrassed with therapeutical riches"? Dr. Hale's *New Remedies* sufficiently answer these over-fed and over-petted doctors, by giving us a number of remedies which meet certain phases of disease that were but badly and imperfectly met by Hahnemann and *Jahr*. It were invidious to point out any of these specially, but we ourselves have found many of these remedies of special service in some obstinate forms of disease. This young association and its provings meet with our cordial welcome, and we shall recur more specially to the fruits of their labours in a future notice. The transactions before us contain little else than a catalogue of the remedies proved, a report of the meetings, and the address of the president. For the full provings we are referred to the new edition of Dr. Hale's work.

## CORRESPONDENCE.

ON THE DUTY OF PRESENTING PETITIONS TO THE PRIVY COUNCIL AND PARLIAMENT, FOR THE ESTABLISHMENT OF SPECIAL HOMŒOPATHIC CHOLERA HOSPITALS.

By FREDERICK SMITH, Esq.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Under this title in the November number of the *Monthly Homœopathic Review* will be found an article in which it is shown: That this country, having suffered very severely from two former cholera epidemics (viz., in 1832 and 1849), our government very wisely determined, in 1854, that the various methods of treatment resorted to during *that* epidemic in

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England, should be carefully noted, with the view to the general adoption of *that treatment* which was found to be most successful, should England be again visited with a cholera epidemic.—That a Medical Council, composed of the most eminent allopathic practitioners in the kingdom, was accordingly formed, with the late Dr. Paris, President of the Royal College of Physicians, as chairman.—That this Council was subdivided into Committees, and that one of the subjects assigned to the "Committee for the scientific purposes of this Council," was "the institution of particular scientific inquiries which they thought likely, by *bettering medical knowledge* of the disease, to strengthen the public resources for its prevention and cure;" and "with the object of **INCREASING FOR THE PROFESSION the present insufficient RESOURCES OF MEDICAL TREATMENT**, they endeavoured to procure *comparative records of various therapeutic experience*, successful or unsuccessful."

I showed also, that, owing to the foresight and energy of our Government of 1854, the full particulars of the different methods employed were recorded, and are preserved in the archives of Parliament; and that they prove that while under the allopathic system 59 out of every 100 cases died, under the homœopathic system only 16 out of every 100 were lost.

Upon these data I proceeded to argue:—That the Government was bound to act upon the evidence thus obtained, and, in every case, where they were directly responsible for the life and health of any particular class, e.g., of our soldiers and sailors, that they should provide homœopathic treatment in the event of an outbreak of cholera.

Having assigned various reasons for apprehending an outbreak of cholera this spring, I contended that we ought not to lose any time in getting up petitions to the Privy Council and Parliament, that so we might be prepared to present the same whenever the first indication of an outbreak should occur. And, with the design of assisting those friends of homœopathy who might be disposed to act on the suggestions made by me, I submitted for their approval (or, rather, for their improvement), the following form of petition:

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*General Suggestions for Petitions to the Privy Council, the House of Lords, and the House of Commons.*

" That the Asiatic cholera has again appeared in England.

" That during the last visitation of this disease, viz., in 1854, the Government directed the General Board of Health to make the necessary arrangements for collecting statistics of the various methods employed in the treatment of cholera.

" That the result of this direction is to be found in two Reports presented to Parliament in April and May, 1855, copies of which are herewith submitted.

" That the first of these Reports contains an account of the various methods of treatment employed by that larger portion of the medical profession, generally known by the term allopaths, and shows that the average death-rate, when the cholera was treated by themselves, was 59.2 per cent.

" That the other Report contains an account of the method of treatment employed by the smaller portion of the medical profession, commonly called homœopaths; the said Report being endorsed by Dr. MacLoughlin—an allopathic physician, and at that time Medical Inspector to the Board of Health for the District of St. George's, Bloomsbury, &c.,—which shews an average death-rate of 16.4 per cent.

" That we are prepared to lay before . . . . . further statistics (if required) from other parts of England, as well as from France, Austria, Prussia, and America.

" That in the mean time we submit that the design and intention of the Government of 1854, in directing that the statistics referred to, should be collected, was with the view to the adoption by Government, wherever its influence could be legitimately exercised, of that method of treatment which should be proved to be most efficacious, should England be again visited by the cholera.

" That we submit that the health of our soldiers and sailors is pre-eminently a subject for the consideration of the British Government; and consequently, that the Government is bound at least to afford these public servants the option of determining which method of treatment they will be placed under, in the

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event of their being attacked by cholera ; and we submit that, in order to their minds being duly informed, that abstracts of the two Reports referred to should be placed in every barrack and ship in H.M. service.

“ That our soldiers and sailors are selected simply as examples of classes for whose lives the Government is responsible ; and we submit that the same principle should be acted upon wherever that responsibility extends ; and consequently, that the “ abstracts ” suggested should be posted in all dockyards, poor-law unions, &c.

“ That we submit that funds should be placed by the Privy Council at the disposal of the London and Provincial Homœopathic Cholera Committee (the names of the noblemen and gentlemen composing which, with The Lord . . . as chairman, accompany this petition) ; such funds to be employed in aiding the Government in carrying out the purposes aforesaid, and in the establishment of cholera hospitals in London and the provinces, to be conducted on the homœopathic system of treatment.”

The suggestion made by me in November was, for the most part, disregarded, the general feeling throughout the provinces being that nothing could be done unless the movement emanated from London ; and our London friends were, at that time, too fully occupied with the cattle plague to entertain the more remote question of cholera.

Now, however, that the cholera has actually commenced its ravages amongst us, I trust that I may once more appeal to the homœopathic body to carry out my suggestion. Only let them set vigorously to work and victory is sure. We have not only a great scientific truth on our side, but the fact avouched by our enemies that whereas, under allopathic treatment, 59 per cent. of the cholera patients of 1854 died ; under homœopathic treatment only 16 per cent. died.

Our London members, Mr. Pope, of York, and others, in spite of there being no “ drug-provings ” on the lower animals, magnanimously endeavoured to do their best empirically to diminish the national and individual loss occasioned by the cattle plague ;

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and eminently successful to my mind they were, though *The Times* will not have it so. However, the success, or non-success, of homœopathy in the treatment of the cattle plague has nothing whatever to do with its success in the treatment of the Asiatic cholera in human beings. In the former case, we entered upon its treatment under the protest that our sheet-anchor ("provings") was wanting. In the latter, we say that we are prepared with armour which we have already tried, and that too, in the presence of our enemies. That those noblemen and others who devoted their energies and their money to the saving of our cattle, with but an uncertain prospect before them, will be ready to form themselves into a Cholera Association, to disseminate information on the power of homœopathy in dealing with this terrible disease and to recommend the employment of certain prophylactic medicines and measures, it is impossible to doubt, as human life is infinitely more precious than bovine. But will this meet the exigencies of the case? I think not. The first death from cholera in 1854 occurred (if I mistake not) on 1st August. The disease had not, therefore, time to *intensify*, so to speak, before October, when its ravages ceased. Nevertheless, thousands upon thousands of our people perished. This year the first victim died on 23rd April. It has, therefore, months before it wherein to accumulate and intensify its force. We must, therefore, look, and should prepare, for a very severe visitation; and I submit that nothing less than the plan, however much it may require modification and adaptation, contained in the foregoing petitions should be attempted.

That 500,000 signatures could be obtained I do not doubt, and that petitions so signed would have the desired effect cannot be questioned. Earnestly, then, is it to be hoped that our London friends, as they value homœopathy, as they sympathize with human suffering, and as they would antagonize untimely death in its most fearful form, will lose no time in establishing a London and Provincial Homœopathic Cholera Association; and that our provincial friends, anticipating such movements on the part of our metropolitan readers, will at once summon special meetings of their Dispensary and other Com-



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mittees, and thus be ready to carry out the plans of the London Association.

Yours, &c.,

York House,  
Penzance.

FREDERICK SMITH.

## OBITUARY.

## JASPER CAPPER, M.D.

Died on May 10th, at the age of twenty-nine. Dr. Capper received his medical education at the Royal Infirmary, Liverpool, where he carried off the *Gold Medal*, and was greatly distinguished by his assiduity and attainments. In 1861 he took his degree of M.D. at the University of St. Andrew's, and his diploma at the Royal College of Surgeons of England. Shortly afterwards he joined Dr. Gwynn, who was then in full practice at Ipswich. In the following September, Dr. Gwynn's health failed so entirely, that he left Ipswich, and thus the whole onus, anxieties and labour of a most extensive practice, probably too much for any one man, fell upon Dr. Capper at the age of twenty-three. The position of a young physician fresh from the schools, suddenly surrounded by a crowd of patients, in the face of a host of hostile critics, ready to seize hold of any occasion to damage and injure his reputation, is one which excites our most active sympathy. Bravely did Dr. Capper thus do battle against the double enemy—disease on the one hand and allopathy on the other. He felt his isolation keenly. More than once we have seen him in the face of an anxious case, and have admired his conscientiousness and his constancy in the presence of circumstances peculiarly trying and painful. Within two years, his health broke down under the continued mental and bodily strain, and he was compelled to relinquish his practice, and to seek in the air of *Menton* a more genial climate, being already threatened with consumption. In the spring of 1864 he returned to England, so ill that he scarcely had expected to reach his native shores alive. But after his return he rallied, and having taken some Turkish baths, was so much benefited by them, that he began

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to hope even for cure. During the summer, which he spent on the coast of Lancashire, he gained both strength and flesh so rapidly, that in the autumn he went down to Hastings, hoping to be able still to do some good work in the world. He succeeded beyond his expectations, having more professional work thrown on his hands than his strength was equal to. In the beginning of this year he began again to lose ground. On the last occasion of our seeing him, at a meeting of the British Homœopathic Society, he was so completely a shadow of his former self, that it was not till he had spoken with us for some minutes, that we recognized him. He finally sunk under diarrhœa.

Dr. Capper was much beloved by all who knew him, and he fully deserved their love. His clear head, sound judgment, sagacity and moral courage, commanded confidence, young though he was. He was an ornament to our profession, which he loved fervently, and with every branch of which he was thoroughly well acquainted.

Dr. Capper's life and character stand a pattern for the emulation of the younger members of our profession, while his *death* is a monument to warn them against *over-work* and the seductions presented, at first sight, in the attainment of immediate large practice. Young men, like young horses, cannot stand the wear and tear which the middle-aged and more seasoned accomplish easily. Especially is this the case in the homœopathic section of the medical body, where in many districts the young physician finds himself as much thrown upon his own resources, as if there were not another medical man within fifty miles of him. In fact it is worse than that, for he is in the midst of a hostile camp with critical enemies on every side. Ipswich bears a bad pre-eminence, in one sense, among the *missionary stations* of homœopathy. The lay element is excellent, and homœopathy has firmly rooted itself in the public mind. The people fully appreciate the advantages of the system, but until our friend Dr. Roche followed Dr. Capper, the medical homœopaths have all been men of weak physique. Dr. Hewett, Dr. Mayne, Dr. Gwynn and Dr. Capper, all in

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succession broke down under the accumulated weight of overwork and the evil influences of the cold eastern winds. We hope that Ipswich now possesses, in our much esteemed friend Dr. Roche, a man whose physical powers and mental capacity are more equally balanced.

## FREDERICK JOHN TUCKER,

Aged thirty-four years, M.R.C.S., England, of 168, Islington, Liverpool, died on the 26th day of March, 1866, of malignant typhus fever, caught in the discharge of his duties as Stipendary Surgeon of the Liverpool Homœopathic Dispensary. A clergyman to whom Mr. Tucker was known, and who had had much opportunity of observing his industrious habits, wrote to the *Mercury* a most glowing description of his skill, success, and steady perseverance, remarking that he obtained in a high degree the love and confidence of the poor under his care, and that his loss would be mourned by all who had the pleasure of knowing him. Mr. Tucker was a promising young surgeon, and had filled with much credit the office of House Surgeon of the Liverpool Homœopathic Dispensary for a period of nearly eight years previous to his promotion of Stipendary Surgeon.

## CHAPMAN MEMORIAL FUND.

We have received a list of the donations to the fund for the benefit of the children of the late Dr. Chapman, which we are pleased to see has reached the sum of nearly £2,200, a proof alike honourable to the memory of our justly lamented colleague, and to the liberality of his friends and *clients*.

## NOTICES TO CORRESPONDENTS.

Communications received from Dr. Anderson, Dr. Cooper, Rev. F. Smith, Dr. Gwynn, Mr. Freeman, Dr. F. Brun, Lucerne, Dr. Meryon, Dr. Simmons.

## BOOKS AND PERIODICALS RECEIVED.

*American Homœopathic Observer*, May 1866.

*Medical Investigator*, April 1866.

*Transactions of the North-Western Provers' Association*. Vol. I. Sessions 1865-6.

*American Homœopathic Review*, March and April.

*Bulletin de la Société Médicale Homœopathique de France*, Mai, 1866.

*The Scientific Character of Homœopathy*, by J. GILES, M.R.C.S. Lond. late Surgeon First Waikato Regiment.

We are compelled to defer the publication of many *Reviews* and *Original Articles* already in type till next month.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PROGRESS OF OUR IDEAS.

THE PROCEEDINGS OF THE MEDICAL COUNCIL,  
*Session 1866.—Thursday, May 17th.*

Dr. BURROWS, President, in the Chair.

ON the above date the "*General Council of Medical Education*" contemplated the first step of the same ladder by which *Hahnemann* reached *homœopathy*.

The date becomes an important landmark in the history of *homœopathy*. It is true that the *General Medical Council* did not follow *Hahnemann's* footsteps, that having looked at them they turned aside, but their refusal to accede to *Dr. Acland's* resolution was based on its being out of the province of their special duties, and even on this point the *Council* was divided. The following are the facts of the case.

From his seat at the *General Medical Council*, *Dr. ACLAND* presented the following memorial from the physiological sub-section of the *British Association* assembled at *Birmingham* in 1865:

"Having regard to the observations of the President, Professor *Acland*, in his inaugural address, the Committee of the sub-section of Physiology, desire respectfully to intimate their opinion of the great advantages which would accrue to physio-

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logy (and thereby to medical) science, if the General Council should think fit, by pecuniary grants and the appointment of suitable persons, to undertake investigations into the physiological action of medicines. A few agents when administered in poisonous doses have alone been made the subjects of such research, and whilst the remedial effects of even such well-known agents as quinine have been admitted for ages, their modes of action are still unknown. Even to this moment our knowledge of the action of remedies rests only upon ordinary observation and general inferences. The committee is well aware of the extreme difficulty of prosecuting exact physiological enquiries in states of disease, and, above all, of the necessity of devising new modes of investigation; but, bearing in mind recent researches of an analogous nature in health, they do not doubt there are physiologists and physicians of approved ability in such researches who would be able to devise the methods, and bring the results to a satisfactory conclusion. The committee also venture to suggest that no experiments should be regarded as satisfactory which (in addition to others) are not made in ordinary medicinal doses in the diseases for the relief of which the remedies are administered (as well as in poisonous doses), and which are not performed with all the care and exactitude known in modern physiological research. That this resolution be signed by the president, vice-president, and secretaries on the part of the committee, and that the President be requested to present it to the Medical Council."

In the discussion which ensued, Dr. ACLAND very pertinently remarked, "The request contained in the memorial was of a most important character, having regard to one of the highest functions which the Council had to perform." He further said, that he was informed that the Medical Act gave them no power to apply their funds to such enquiries, and that if this were the case, he was prepared to move, that the necessary provision should be made in the "New Act." He pointed out that the Council expended £1700 upon the last Annual Meeting,

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and £5000 on the *Pharmacopœia*. He ended by proposing that a committee be appointed, and that £250 a year be placed at their disposal to carry out an enquiry into the precise action of remedial agents.

It was hardly to be expected that a measure so manifestly calculated to effect a reform in therapeutics, and one which would so inevitably lead, step by step, to the adoption of homœopathy, should be carried on a first division. We hail, with unfeigned pleasure, the fact, that *five votes* were recorded in favour of *Dr. Acland's* motion. It is true that the motion was lost by a majority of 16 against and 5 for it. But the opposition was, nominally, on the ground that the Council possesses no funds for scientific experiment, and this defect in its constitution may, and probably, will be amended.

The importance of the proposed investigation was acknowledged by most, if not all the members present.

We trust that Professor Acland will not let the matter rest. If a question of such paramount scientific importance is not within the sphere of an administrative body like that of the *Council*, it may perhaps be within his power to prosecute the subject among the academic groves of Oxford. Indeed, we conceive that among a learned and contemplative body of men, devoted to science, an investigation, demanding such strict and exact observation, would receive a more patient treatment, than it could possibly meet with among men engaged in a constant professional struggle.

We would suggest to Dr. Acland, that he should investigate, with attention, the works on *Materia Medica* which are so abundant among our literature. A repetition of a few of our provings, would soon convince a man of his acumen, that very much of the work which he proposed to the Medical Council had been already done, and well done by many physicians during the past 70 years,

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commencing with the labour of SAMUEL HAHNEMANN. Further, that immense additions to the more exact knowledge of the physiological action of medicines, (which is only another form of words for "drug provings on the healthy body,") have been, and are continually being, made by scientific physicians of the homœopathic school, in all parts of the world. We would particularly refer to a notice in our last month's *Review* of a society, formed for this special purpose, at Chicago. We want helpers in this work—a century will be too short a time for its completion—a thousand ardent labourers would find full employment in the perfecting these observations, in testing them, in arranging them, and in connecting them. We therefore welcome the prospect of a few more workers with the most cordial good will. We can nevertheless scarce withhold a smile when we see the proposed adoption of *Hahnemann's ideas* without the smallest word in acknowledgment of his gigantic labours, or of the existence of his system and its followers.

In 1796 Hahnemann communicated his discovery to the world in a series of papers published in *Hufeland's Medical Journal*. One of his essays is entitled "Fragmenta de Viribus Medicamentorum positivis in corpore humano sano obviis." Is it not strange, 70 years after the date of Hahnemann's first essay on the subject, to see "the provings of medicines on the healthy body," advocated in the highest medical conclave of our land, as if it were an idea originating in 1865 with the *Physiological sub-section of the British Association*?

There are, at the present day, many thousand legally qualified physicians and surgeons, in various parts of the world, practising a *system of medicine, whose very foundation rests upon the "investigations,"* made by Hahnemann and others, "*into the physiological action of medicines.*"

The *Medical Register*, published yearly, under the

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direction of the Medical Council, contains the names of about 230 physicians and surgeons (practising medicine in the United Kingdom) who are acquainted, more or less intimately, with the subject which was discussed by the *General Medical Council*; yet we see this *learned body* treating it, as if it were a branch of science, *hitherto unknown*. Are we to assume that the members of the *Medical Council* are, really, not cognizant of the fact, that the "investigation into the physiological action of medicines" was commenced 70 years ago by a physician of whom Jean Paul Richter wrote that he was "a prodigy of philosophy and learning;" that this branch of science has a literature, rich in facts, which contains all that can be known on the subject, as respects a large number of well-known drugs; and which, further, possesses records of great value on an immense number of others? We are willing to concede that it is possible for men to have reached the pinnacle of professional repute, represented by a seat at the board of the General Council of Medical Education, with, at the same time, very little knowledge of what is passing in the medical world around them.

We are willing to concede the possibility that the *whole council* may never have heard of *Hahnemann's great labour*; that it may even be perfectly unaware that homœopathy is a system of medicine *logically begotten of experiments into the physiological action of medicines*, and of a comparison between these *pathogenetic symptoms* and those *idiopathically caused by well known disease*. Hence they may be also unaware that *the medicines, in best repute for the cure of specific disease*, have the power to induce similar symptoms in the healthy, to those they will cure in the sick.

If we concede to *the Council* that they really are ignorant of Hahnemann's great labours, it is only another illustration of the inconvenience and damage which the



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*science of medicine sustains*, through the continued existence of the strong *allopathic cordon*, round the centres of medical learning, maintained in the vain attempt to *suppress homœopathy*. The allopaths acknowledge the vast importance, to the science of medicine, of the knowledge of the "*action of medicines on the healthy*," as well as on the sick. The *General Council of Medical Education* refuses to expend £250 a year for the attainment of that knowledge, because they can't afford it. For a tenth part of the sum named, they might obtain nearly all the knowledge they seek, at the nearest homœopathic publishers. Of the very existence of the greater part of this literature the twenty-four members of the *Medical Council* are probably ignorant, for the Medical Societies have closed their doors against the only men who have followed out the study of the "*physiological action of medicines*." The British allopathic journals not only shut their pages against all knowledge on this momentous subject, but malign and misrepresent the labourers in this field of medicine, nay, so mad are they in their absurd opposition that they even exclude from their pages all *advertisements* of the works on this department of therapeutics.

We cannot therefore be surprised at the existence of an ignorance which has been so carefully fostered and enforced upon the allopaths by their own acts, although we may deplore the injury to science which such a policy necessarily entails. Dr. ACLAND's motion must create a spirit of enquiry which we trust will effectually break down the allopathic blockade.

## "ON HOMŒOPATHY:"

*A few words on Dr. Meryon's Supplementary Paper  
"On Homœopathy," in the Lancet, June 2.*

THERE was a time, called, by men of our day, the "barbarous middle ages," when an unwritten "code of honour"

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was recognized by all who bore the name of gentleman. When a knight rode forth to attack his adversary he openly defied him to the battle, and both combatants were equally armed. It would have been a disgrace to an armed and accoutred knight to have slain an unarmed adversary.

In later times *the duel* had also its "code of honour." If a duel were to be fought with swords, the blades of both weapons were of the same length. If with pistols, both weapons were loaded with equal charges. Perfect equality was enforced as to the armour of both combatants. He would have been accounted a poltroon and a coward, who should go out cased in concealed armour, to fight an unmailed adversary. A duellist detected in so gross a breach of the code of honour would have been expelled from his club, compelled to resign his commission, would have been cut by all his former compeers and execrated by every honourable man.

In those "barbarous days" there were no *Scientific Journals*. Discoverers and workers in new scientific fields went about reading or propounding their discoveries before the universities, academies, and schools, and these new theories were openly discussed, in an honourable manner, attacked by the supporters of the *old* authorities, defended by the propounders of the *new*.

We owe very much of our present progress in science to the perfect fairness with which disputed points were discussed in the schools, in those "barbarous times" when the "code of honour" still held sway. "Honour" then demanded, that *no attack should be made on the defenceless*, and this was as much expected from the universities and scientific bodies, in literary encounters, as it was demanded from the chivalry in assaults at arms. To have *gagged the supporters of a new theory*, while its opponents belaboured them with words and arguments, free from all

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fear of reply, would have moved the derision of the whole of learned Europe. The *duel* has justly given way before the *law*. The *civil law* gives its protection to the weak against the strong, and has done away with necessity for *champion knights*. But the freedom of discussion on matters of scientific interest, which existed in the olden time, is not so well compensated for. In the department of medicine it has been lost altogether.

The *periodical journal* and the *learned societies* are the present medium for the circulation and discussion of that which is new in science. In *medicine*, these Medical Societies are *private corporations*, these periodicals are *private speculations*. The former have the power of regulating their affairs by the majority of votes. The latter are in the hands of private proprietors, who are autocratic in their sway. That which displeases *the majority*, in a medical society, is rejected. No matter how full of truth, the propounder of the new theory is liable to be cast out by a species of ostracism. That which *ceases to pay the proprietor* of the periodical, is liable to be refused admission. In either case new theories are by no means sure of fair treatment; if they are unpopular the upholders are certain to receive persecution in place of a fair hearing. That this has been the case as regards *homœopathy* we have abundant evidence. Our readers will find proof of our assertion in every volume of our periodical literature. The game between the two systems of medicine has hitherto been *played by the allopaths with loaded dice*. The duel between homœopathy and allopathy has been fought by the allopaths in *concealed armour*.

The *allopaths* have made sure that the *charge has been withdrawn from their adversaries pistols*, before they have dared to engage in the duel. They have always refused to enter into the controversy on equal grounds, or in accordance with the "code of honour." They have in-

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sisted on the *gagging* of their adversary before they have dared to open their own lips in argument.

It is very easy for a man to brandish his weapon bravely in the face of a naked enemy, bound hand and foot. Even an indifferent swordsman may then safely act boastfully. It is equally easy to write three essays "on homœopathy" and to put forth "four propositions embodying the entire system of homœopathy," misstating the very principles of the science in the propositions, and misrepresenting both the theories of the science and the facts on which they are based, when a man is assured that no reply will be admitted into the journal in which these misstatements and misrepresentations appear: when it is perfectly certain that no one will rise from his seat at the next meeting of the Medico-Chirurgical Society to call in question any errors which may have crept in; when, on the other hand, the writer knows that *every misstatement however gross*, so long as it is damaging to the system he attacks, will be looked on as a special merit, and will meet with the applause of his medical brethren.

We don't blame the writer personally, for thus opening his mouth to a packed and applauding audience, gathered together with no wish to *learn the truth* about homœopathy, but rather with the hope that he may prove it to be a system unworthy of their further investigation, but we think that, having the perfect foreknowledge that no reply would be allowed, he should have been especially careful to have made no assertion which was not strictly within the letter of the truth.

One of our correspondents very truly says, in reference to our present controversy, "We have to deal with men whose sense of honour is warped by their professional views." It is a great grief to us to be compelled to admit that this is the case. Unable to meet us in fair argument, unwilling to admit the "hard logic of facts," the allopaths

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exclude all fair discussion of homœopathy from their Societies and from their journals, and *discourage and refuse to acknowledge all experimental enquiry.*

Essays, such as those of Dr. Meryon, from time to time appear in the allopathic journals and delude the "oi polloi" into the belief, that the subject is undergoing a fair examination, at the hands of the profession. To the propositions contained in these journalistic essays, no objections appear. What is more natural, than to assume that *as they are not answered they are therefore unanswerable?* Such is the inference that the *Lancet* and the writers of the essays desire should be drawn. The "oi polloi" can't see behind the scenes. The editor of the *Lancet* receives strong remonstrances, such as the following: "The four propositions not only do not embody the entire system of homœopathy, but are a false representation of the system." These remonstrances go into his waste paper basket, the homœopaths are *gagged*; let their maligners rejoice in their successful attempts to give an entirely false aspect to homœopathy. The end is obtained. The "oi polloi" see that the picture, given of homœopathy in the *Lancet*, bears fallacy on its front. There appears no denial from the homœopaths, in the pages of the *Lancet*, hence the "oi polloi" assume that there is no need for further enquiry, and work away quietly at their pestles and mortars in great content.

These writers no doubt rejoice in thinking that they have checked more than one waverer from the allopathic faith from further inquiry. "Can any thing be more absurd than the second proposition in Meryon's essay on homœopathy?" says the waverer, and he goes back contentedly to his pill machine and rolls off the next 24 pil: Colocynth. Co. with a triumphant sweep of his hand, wishing he had four and twenty homœopaths under the machine instead of his pills, and could roll off their heads as easily.

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Dr. Meryon alludes, in his last essay, to the "self-complacency in which probity is claimed as the exclusive property of homœopaths;" but he cites no instance, and the sneer comes with exceeding bad grace, from one who in in opposition to the clearest facts, reiterates the unjust accusations contained in his former papers.

We allow that all controversial writers are liable to overstate their case. Zeal for their cause often prompts them to do so. But *probity* should at least ensure a handsome acknowledgment of error when a false charge has been inadvertently made. In our *Review* for March we exposed an obvious error in Dr. Meryon's second proposition;\* and repeated his proposition underlining the word which was erroneously used. It was as follows: "2. That the *pathogenetic* effects of medicines are developed and infinitely increased by trituration and subdivision." Our comment on this was, "The second proposition is simply absurd. No homœopath ever asserted that medicines were made infinitely more *poisonous* (pathogenetic) by trituration and subdivision, but the contrary, except in the case of the first triturations of some mineral substances, where increase of power is due to rendering that soluble which was hitherto insoluble,—a power which is conceded by all allopathic as well as homœopathic authorities."

In addition to the above disclaimer, we wrote to the *Lancet* pointing out the obvious error in Dr. Meryon's second proposition; an error which no one, having the very faintest knowledge of the principles and history of Hahnemann's great discovery, could have honestly committed. Every one knows that Hahnemann adopted the system of infinitesimal division of medicines and the infinitesimal dose *to avoid the chance of pathogenetic action.*

The *Lancet* "more suo," refused to insert our protest,

\* See page 137 *Monthly Homœopathic Review* for March.

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are we to infer that *it wished the erroneous imputation to stand uncontradicted against homœopathy?*

We wrote privately to Dr. Meryon, appealing to his supposed sense of *justice* and *probity*, asking for a retraction of his charge. In vain.

In the *Lancet* June 2nd, Dr. Meryon thus alludes to our criticism.

"With respect to my second proposition, 'that the pathogenetic effects of medicines are developed and *infinitely* increased by trituration and subdivision'—as the reviewer has quoted it—I confess that I am wrong, and so far I give him the full benefit of the admission; but the term 'infinitely' is an obvious error of the printer, for on the repetition of the proposition with a view to its consideration, the word 'indefinitely' is used; and when I find it stated, in treatises on homœopathy, that the pathogenetic effects of a given substance, say of *ignatia*, are so far increased, by increasing its solubility, that the thirtieth dilution (which I believe is equivalent to the decillionth of a grain) has a manifest effect in expelling worms from the intestines, I venture to ask if there be any other logical conclusion than that which I may have expressed in terms not strictly homœopathic—namely, 'that the pathogenetic effects of medicines are developed and *indefinitely* increased by trituration and subdivision.'"

We have quoted the whole of this passage, because we think it contains a fair illustrative example of the lengths to which a man, having no fear of exposure in the pages of the *Lancet* dares to go, in writing an essay on Homœopathy in that periodical.

We do not wish to claim *probity* as our *exclusive property*, but we would simply ask any one of our fellow claimants to that virtue, to read the above extracts from our *Review*, and compare them with the answer given by Dr. Meryon, and then to give us his judgment as to the character of the quotation.

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In the first place, it will be seen that *Dr. Meryon* underlines the word "*infinitely*," from which his readers would fairly infer that our objection was to the use of the word *infinitely* : and he claims a sort of candour for his admission—"I confess I am wrong," and that the word ought to have been "*indefinitely*." By reference to our *Review*, as requoted above, it will be seen that our objection was to the mis-statement contained in the *whole proposition*, and that the word underlined was "*pathogenetic*." As to "*infinitely*" or "*indefinitely*," their mutual interchange involves no greater difference than that between "*tweedledum* and *tweedledee*," whereas the misuse of the word "*pathogenetic*" is of vital importance.

In the latter part of the sentence above quoted, *Dr. Meryon* has used the word "*pathogenetic*" either to express the phenomena of *curative action*—a sense in which no man of his erudition could, honestly, apply it—or he considers the *expulsion of worms from the intestines* a "*pathogenetic*," i.e. a *disease-producing* phenomena. *Pathogenetic*, as every tyro in Greek knows, expresses clearly the idea "*disease-producing*." We cannot conceive, then, with what intention *Dr. Meryon* wrote the passage quoted above, unless it were to lead his more ignorant readers to the conclusion, that homœopaths believe the *absurdity*, so self-evident in his second proposition, and by this misrepresentation, to induce them to forego any further enquiry into the subject.

We venture to say that no homœopath ever contemplated such an attack as this. It could never have been seriously attempted were the *Medical Societies* impartial scientific bodies, and not the mere upholders of an allopathic clique. It could never have been attempted were the medical journals open to the free discussion of scientific subjects, and not the mere organs of an allopathic Trades-Union.



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Dr. Meryon has, in point of fact, asserted and reasserted in the pages of the *Lancet* that the physicians and surgeons practising homœopathy believe that the POISONOUS PROPERTIES OF DRUGS ARE INDEFINITELY INCREASED BY DILUTING THEM—that the smaller the dose the more *poisonous* it becomes, which is equivalent to the assertion that they hold that an ounce of *opium* might be taken with less bad results than the thousandth part of a grain. Was ever absurdity carried further than this? We have often had to combat absurd allegations against homœopathy, but not one was ever more absurd than this. If the *Lancet* really believes Dr. Meryon's second proposition, and if Dr. Meryon believes in his own statement; if the *Lancet* and Dr. Meryon state this as *one fourth* of their whole objection to homœopathy; and if this has really been stated and printed in good faith, then *one-fourth* of their whole objection to homœopathy rests upon the baseless fabric of their own distempered imagination.

At one time we have to meet and refute one story, at another time some new "monster gooseberry" rises up. Allopaths are at their wit's end; homœopathy is rising around them like the inexorable sea, and they are threatened with submersion. Then they recklessly cry out whatever they think most likely to deter their patients from seeking its aid. To one they cry out, "What! believe in those ridiculous globules, why my child eat a bottleful and took no harm?" To another they look grave and say, "Mind what you are about, these globules contain a concentrated poison." Sometimes the two stories reach the ears of the same patient, or the two recipients are friends, and each repeats the warning to the other. Then the allopath stands convicted, out of his own mouth, of double dealing—"both his assertions can't be true," say the hearers, the next inference is, "they are both false." The most amusing and most recent of these stories

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is this. One of our patients, having been cured under homœopathic treatment, was indiscreet enough to mention it to an allopathic physician: "My dear friend," said he, "I am grieved for you, indeed I am." "Why," said the astonished patient. "Because," said the grave-faced inventor of fables, "all homœopathic patients die in the most horrible convulsions." The patient could not contradict him, because she hadn't seen any one die under the system, but being a brave woman she said, "Well, as soon as I go to London I shall go to the Homœopathic Hospital and inquire into the truth of this." Meanwhile she applied to us, and we assured her that the story was as good as most of the allopathic inventions.

For our own part we cannot conceive how allopaths can cast off their *probability*, like an old jacket, in so reckless a manner, the moment they begin to fight homœopathy. Every physician knows that the manner of death depends on disease and the structures invaded. Hydrophobia and tetanus, and cholera and some other diseases convulse their victims, and typhus and apoplexy and some others give them a quiet end, it can therefore only be from downright malignity that these statements are made.

We have not entered into any discussion on the other points in Dr. Meryon's paper. When the *Lancet* dares to open its pages to a free discussion of the subject, it will find that Dr. Meryon's essays deserve but little scientific consideration. To those who have practically experimented, his essays will not give one moment's serious uneasiness. Arguments and false logic can never stand against facts. His essays cannot satisfy the mind of any serious enquirer. Such an one will read, and judge, and experimentally prove for himself. They may apply a salve to the consciences of those "whose sense of honour is warped by their professional views," and it is out of our power to cure such cases of obstinate *mental curvature*. Their

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minds must be left to accommodate themselves to the new condition of their psychological parts.

In conclusion, we would remind Dr. MERYON that a renunciation of HAHNEMANN's errors by no means leads us, as he asserts, to renounce his truths. In upholding the great truths discovered by Hahnemann, and acknowledging his marvellous genius and extensive labours, far transcending those of any of the great men who have appeared since the time of HIPPOCRATES, we at the same time acknowledge that our knowledge of physiology and pathology leads us to modify some of the views held by HAHNEMANN and his early followers. This *progression* on our part is no more to be considered a *renunciation of Hahnemann*, than are the numerous *changes in allopathic practice*, since the time of Hippocrates, to be looked upon as a *renunciation of Hippocrates*. We *renounce* none of those great men who have gone before us, they have laboured hard in the field of medical science, and we, who enter into their labours, have no right to judge the pioneers (who often had to work in the dark), by the light of our more brightly dawning day. We place HAHNEMANN in a prominent niche in the temple of our Medical Heroes, but we do not acknowledge him as having brought us a perfect medical revelation.

OBSERVATIONS ON THE TREATMENT OF  
URGENT AND VERY URGENT CASES.

By JOHN ANDERSON, M.D., M.R.C.S. Eng.

(Concluded from page 276.)

*Cases of Cholera in continuation.*—J. B., æt. 21, a stout healthy-looking servant girl, was seized in the morning with choleraic diarrhœa, which in the afternoon became incessant, and was accompanied by vomiting of a thin fluid; severe cramp, chiefly in the calves of the legs; general

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coldness; extreme restlessness and jactitation, with occasional shrieking. A few doses of *camphor* were administered, afterwards *arsenicum* and *veratrum* in alternation, subsequently *cuprum*. In the evening collapse came on, and the above symptoms continued at intervals, varying in intensity until the third day, when the fluid evacuated both from the stomach and bowels became of an intensely grass green colour; the vomiting now was very severe and frequent, and a few doses of *veratrum* in the mother tincture did much good. Food was entirely withheld, and on the fifth day the severe choleraic symptoms subsided, and violent reaction came on. There was much furious delirium with incessant violent screaming, much heat of skin and full pulse. *Aconite* and *belladonna* were given in alternation, the hair was closely cut, and these alarming symptoms gradually subsided. Then a scabby eruption broke out all over the body, being especially abundant and ichorous at the mouth and anus; after which several boils appeared. These were critical, and she began to improve rapidly until the fifteenth day after the first seizure, when, owing to imprudence in eating and drinking, a relapse occurred, and vomiting and diarrhoea set in violently; these yielded to *arsenicum* and *veratrum* in alternation; she rapidly recovered, and on the seventh day, being the twenty-second from the commencement of her illness, she was quite well. In this case, the most marked symptoms were the vomiting and purging, especially the former, the grass-green colour of which was most peculiar. Another distinctive feature of the case was its duration; the symptoms were constantly recurring, and it appeared as if a tremendous struggle was going on between the disease on the one hand and the vital powers on the other. The reaction also was very marked and protracted, the delirium being very violent, and the power of consciousness quite suspended;

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the screams of the poor girl were incessant and so loud during one night as to alarm the whole neighbourhood. The effect of the medicines was very marked, especially the *veratrum* in the mother tincture, which appeared to have great influence in checking the distressing and peculiar vomiting.

Mrs. G.'s child, aged twenty months, seized thirty hours previously with diarrhœa, vomiting, pain and coldness; attentively treated by the parochial surgeon with chalk mixture and laudanum; case pronounced hopeless. A kind and philanthropic lady, thinking that homœopathy might do some good, urgently requested the writer's attendance, which was continued by the consent of the surgeon before mentioned. On visiting the child, it was found to be completely collapsed; the pupils were firmly contracted; the left arm purple and deadly cold; the rest of the body pallid and cold; no pulse at the wrist; no perceptible beating of the heart; clammy perspiration on the face. *Camphor* was given, afterwards camphorated chloroform, and animation gradually returned; the effect of the latter medicine being most marked. A mustard plaister over the region of the heart, with drop doses of *digitalis*, hot bottles and warm baths, completely restored the child to life, and a tranquil sleep occurred, giving some hope of future recovery. Reaction now set in so strongly, that the hair was cut close and cold applied to the head, appropriate medicine was given, and for some hours there was hope; but cerebral congestion increased, then coma, the bronchial rattle, and at last death at noon on the following day, twenty-four hours from the writer's first seeing the child. In this case, the most marked symptom was the collapse, which was so complete, that the child was left for dead. The action of the camphorated chloroform was most marked, and the transition from a state of almost actual death to that of a

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powerful reaction, is conclusive evidence of the amazing power of these remedies in arousing the vital energies. The case is also interesting, as showing what may be done by diligent perseverance even under the most unfavourable circumstances. As the attendance upon this case was purely experimental, almost like trying to recal the spirit of the little being whose death the official functionary and parochial surgeon came to register during the process of resuscitation, the writer has not thought it just to record it amongst his general return of cholera cases.

The remaining cases will be given in very brief detail, the chief symptoms, treatment and result being described in succession.

A. W., aged 60, cook in a family. Simple diarrhœa absent; rice-water evacuations; vomiting; severe cramps; partial collapse. Treatment: *camphor*, afterwards *arsenicum* and *veratrum* in alternation. The action of the medicines very marked. Recovery in two days.

W. E., aged 28, labourer in the gas works. Choleraic diarrhœa two days; afterwards incessant vomiting, rice-water evacuations and cramps. Treatment: *camphor*, *arsenicum*, *veratrum*, *ipécacuanha*. The action of *ipécacuanha* very marked in checking the vomiting. Recovery in six days.

Mr. G., aged 64, corn meter. Choleraic diarrhœa five days without medical advice; cholera five hours; collapse ten hours. Treatment: *camphor*, *arsenicum*, *veratrum*; fell into complete collapse two hours after the writer's first visit at ten a.m., and died at ten o'clock the same evening. No medicine produced any sensible effect.

Mr. G., aged 70, corn meter. Simple diarrhœa absent; choleraic diarrhœa seventeen hours; afterwards severe, frequent and protracted rice-water purging and vomiting, with very little pain. Treatment: *arsenicum*, *veratrum*,

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*secale*. Action of *veratrum* and *secale* very marked, especially the latter. Recovery in seven days.

Mr. L., aged 45. Choleraic diarrhœa twenty-four hours without medical advice; afterwards rice-water purging and vomiting; great thirst; much gastric fever and prostration of strength; tongue white and coated; pulse feeble. Treatment: *veratrum*, *secale*, *mercurius*, *pulsatilla*, *china*. Action of the medicines not well marked. Recovery in nine days.

Mr. B., aged 30, painter. Choleraic diarrhœa five days; afterwards watery evacuations; peculiar vomiting, the matter ejected looking like yeast or mortar, with a thin fluid underneath; severe cramp. Treatment: *camphor*, *mercurius*, *cuprum*, *veratrum*. The *cuprum* relieved the cramp speedily. Recovery from choleraic attack in ten days.

Mr. B., aged 49, baker. Simple and choleraic diarrhœa absent; sudden, frequent, and violent rice-water purging; no vomiting. Treatment: *camphor*, *veratrum*. Action of *veratrum* very marked. Recovery in two days.

*Facial Neuralgia*.—The pain accompanying this very common affection is frequently of a very intense and agonizing character, calling for speedy and, if possible, immediate relief. The writer has treated several cases where the action of the medicines was most marked, cessation from pain quickly following the administration of the indicated medicine. It is not presumed for a moment that neuralgic pain can always be very speedily cured by homœopathy, but in the majority of cases great good may be accomplished, especially if the remedy be judiciously selected. Varying of course with the symptoms, whether the character of the pain itself or the cause that produced it, *belladonna*, *mercurius*, *chamomilla*,

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*aconite*, *china*, *quinine*, *nux* will be found efficacious, as the subjoined provings will shew. *Belladonna* : "Profuse cramp feeling, lacerating and drawing in the malar bone; violent lacerating in the teeth; dull drawing in the upper and right row of teeth the whole night; the front teeth feel too long; painful dartings in the nerves of the roots of one or more teeth; lancinating lacerating on the left side, now in the ears, then in the teeth, then in the face; toothache, with red, hot face and beating in the head." *Mercurius* : "Swelling of the cheeks with toothache; lacerating in the ears; violent toothache in the night; lacerating in the roots of the teeth; lacerating toothache after midnight; lacerating in decayed teeth, with painful swelling of the cheek; violent stitches in the teeth; ulcerated gums; bleeding of the gums when touching them; burning pain in the gums at night." *Chamomilla* : "Toothache, which is especially violent after warm drinks; nightly toothache, particularly after getting warm in the bed; digging and gnawing in decayed teeth; intolerable toothache driving one to despair." *China* : "Drawing toothache, particularly in the open air; stitches in the front teeth; throbbing toothache; the toothache comes on after dinner and at night; pressure in the molar teeth when biting; looseness of the teeth with pain during mastication." *Aconite* : "Ulcerative pain in the malar bones; burning, tingling and piercing jerks in the lower jaw; toothache, especially from cold in a raw air, with throbbing pain in one side of the face; congestion of the head; burning heat in the face and great restlessness." It is not necessary to cite any special cases; the fact only has to be stated, that in facial neuralgia, when the pain is so intense that urgent relief is needed, the medicines just named, with some others that might be selected according to the indications,



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will in the majority of instances afford speedy and sometimes almost instantaneous relief.

*Cramp.*—This affection is sometimes attended with such excruciating pain, that immediate relief is required, and the case becomes an urgent one. *Veratrum* and *cuprum* are medicines whose provings justify their use in this painful malady, viz. *Veratrum*: "Tonic spasms with contraction of the palms of the hands and soles of the feet; trembling in all the limbs; horrid anguish about the heart and disposition to faint; convulsions in the limbs and profuse sweat; twitchings in either arm; tingling in the hand as if it had gone to sleep; drawing and cramp in the fingers; cramp in the calves of the legs very violent." *Cuprum*: "Convulsive movements and distortions of the limbs; general convulsions; twitching of the fingers, arms and hands; spasms of the limbs; the limbs and trunk become rigid; violent spasms in the abdomen and in the upper and lower limbs, with piercing, torturing screams; cramp in the calves of the legs." The writer has seen two cases in which the pain was of the most intense character, both of which were relieved by *veratrum* and *cuprum*. The first case has already been recorded as having occurred amongst the malignant cholera cases, and where the exceedingly violent cramp was the most marked, in fact the only symptom of importance. (See case A.B., æt. 20, page 274.) The second case was that of a lady of middle age, who was seized suddenly with the most violent cramps and rigors; the cramp extended to every part of the body; the limbs were bent; the fingers were bent and distorted; the patient was unable to speak; her appearance was both frightful and distressing, and the pain she endured was most agonizing. *Veratrum* in the mother tincture, afterwards in the first dilution, and sub-

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sequently *cuprum* in the second trituration were given frequently; speedy relief was afforded, and there was no return of the violent attacks, although weaker ones came on occasionally. There was considerable prostration of strength from the severity of the pain, but the patient was convalescent in seven days. The effect of the *veratrum*, in one and two drop doses of the mother tincture, was very marked, and one or two slight attacks of cramp on subsequent occasions was effectually relieved by the same medicine.

*Acute Ophthalmia.*—This disease, when very severe, calls for urgent relief both on account of the intense pain experienced, and the important and delicate nature of the structures affected. The reader is referred to pages 83 and 84 of the *Review* for February, 1864, for some general remarks and illustrative cases, as also for a record of the provings of *mercurius corrosivus*, which, almost more than any other medicine, seems to be indicated in acute ophthalmia, especially in its earlier stages. The following case is given as an additional illustration. A lady of middle age had been suffering from catarrhal ophthalmia for some days. Shortly afterwards these symptoms became more severe, and inflammation of a very acute kind set in, accompanied by very severe and distressing pain, which was increased by the least pressure with the finger on the eye-ball; there was also great intolerance of light, a copious acrid watery secretion, furred tongue, quick pulse, and some prostration of strength. The whole of the conjunctiva of the globe was deeply injected; the cornea was hazy, and after some days a large ulcer appeared not far from, but happily not in, the axis of vision. *Aconite*, *arsenicum* and *belladonna* had scarcely any effect at all; but *mercurius corrosivus* in the third dilution, steadily persevered in, reduced the inflamma-

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tion, and the ulcer on the cornea was very speedily removed by *hepar sulphuris* in the third trituration. At the commencement of the convalescence severe neuralgia of the head and face set in, which yielded to frequent doses of *quinine* in the second dilution, and the patient ultimately got quite well without the sight being in the least degree impaired ; although at one time the pain was so severe, and the inflammation so acute, that disorganization of the entire eye seemed imminent.

The following isolated cases may be given as illustrations of the general application of homœopathy to the cure or relief of those maladies that only occasionally come under the notice of the physician or surgeon.

*Threatening Apoplexy* (congestive).—A gentleman of stout habit and short stature, aged 64 years, was attacked for the tenth time with symptoms of threatening apoplectic seizure of the congestive kind. He had been partly unconscious for two days, and had had a fit of a convulsive and spasmodic character. His friends being anxious to try the effect of homœopathic treatment, sent for the writer, who found the patient at six in the evening sitting up in bed ; his face red and swollen ; the eyes large and staring ; the pupils rather dilated, but contracting to the stimulus of light ; the speech not absolutely impaired, but inability to answer a question except with hesitation, difficulty, and slowness ; intense headache ; pulse 120. Two drops of *aconite* in the third dilution were given at once, and drop doses of *aconite* and *belladonna* in the third dilutions were ordered to be given in alternation every one, two, or three hours according to the urgency of the symptoms. At nine the next morning the patient was better ; the headache was less ; there was more consciousness, and he was able to answer questions more readily ; the pulse was reduced to 90. The medicines to

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be continued in alternation every three hours. On the evening of the same day he was still better, the whole system was calmer and quieter, and he expressed himself much relieved from the headache. The next day he continued to improve, he had passed a good night, and he was able to speak fluently. The *aconite* and *belladonna* were ordered to be continued in alternation, but at longer intervals. The following day the patient was considerably better; he was sitting up and dressed. In two days more he was convalescent, had left his bedroom, and was allowed to go out. In three days more he was perfectly well and able to return to his counting-house. The writer had an interview with this gentleman in two years and three months after the above-mentioned attack, when he reported that he had had no seizure during the whole of that period, and that his health generally had much improved. He further stated that he used to have these apoplectic seizures every nine, twelve or eighteen months, and that upon each occasion he was bled freely from the arm.

*Laborious and protracted Labour.*—Mrs. G., aged 33 years, had been in severe labour for forty-eight hours, at the end of which time the writer was sent for in consultation. He found the patient very much exhausted by long continued pain, the os uteri very rigid and unyielding, together with a highly local and general state of vascular excitement and inflammatory action. Craniotomy had been performed by the physician in attendance, and although the uterine pains were strong and frequent, delivery could not be accomplished owing to the extremely rigid and highly inflammatory condition of the entire genital organs. The case was a very urgent one, and required immediate relief. Two drops of *aconite* in the first decimal dilution were given at once with almost

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immediate benefit to the suffering patient; this dose was repeated at intervals of from ten to fifteen minutes, and in two hours the rigidity of the parts was so far overcome, and the inflammatory condition was so far subdued, as by a little careful manipulation and the occasional use of the blunt hook, to allow the safe delivery of a full-grown child.

*Retention of Urine.*—A gentleman advanced in life had suffered for many years from organic stricture of the urethra, giving rise to frequent attacks of temporary and partial retention of urine, and occasionally to very violent attacks of complete retention. He had been attended for some time by one of the leading hospital surgeons of the metropolis, who alone, amongst others, had succeeded in passing the catheter (a long and almost straight one) to relieve the urgent symptoms. At the instigation of friends, this gentleman was induced to try homœopathy, and by the frequent use of the indicated remedies, he improved greatly in general health and in freedom from these attacks of retention. The writer had the medical charge of this patient for several years, and though on a few occasions these more violent symptoms set in, yet only once, and that in the earlier part of the writer's attendance, had the services of the surgeon before named to be called in requisition. The medicines chiefly used were *aconite*, *bryonia*, *nux* and *cantharis*, especially the two latter; and in the presence of the very urgent symptoms of retention, the *cantharis* almost exclusively. The relief afforded was generally prompt and speedy, and the patient's life was prolonged for many years. Another case may also be mentioned of a gentleman of middle age, who was suffering from inflammation of the urethra, accompanied by occasional attacks of strangury. On one occasion the writer was summoned to him in the night,

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and found him suffering great pain and distress from complete retention of urine. The frequent administration of *cantharis* in the third dilution soon afforded relief to these urgent symptoms, and obviated the use of the catheter, which otherwise must necessarily have been employed in a few hours at the utmost.

*Strangulated Hernia.*—Mr. O., aged 45 years, had been ruptured for two years. On coughing suddenly and violently one morning, the hernia descended below the truss which he constantly wore, and could not be returned. On examination, the writer found an oblique inguinal hernia of the left side, about the size of an egg, descending partly into the scrotum; there was a tense feeling about the tumour as if distended with flatus; no pain except on pressure, and then but little; no vomiting; no abdominal tenderness; one copious motion had been passed with pain since the descent of the hernia. *Aconite* in the third dilution and *nux* in the first dilution were ordered to be given in alternation every half hour. In the evening of the same day the swelling was somewhat reduced in size, and there was still an absence of pain, but the hernia could not be returned. A warm bath was ordered, and hot fomentations to be constantly applied afterwards; two drops of *opium* in the mother tincture to be given every half hour. On the morning of the next day, there was still an absence of pain, and the hernia was not so low down in the scrotum. One drop of *nux* in the first dilution was ordered to be given every half hour, the warm bath to be repeated, and the hot fomentations to be continued; also to abstain entirely from food. At four in the afternoon of the same day, the taxis was again applied for a few minutes; a yielding sensation was felt in the hernial sac; and then, on continuous, gentle but firm pressure, the contents of the sac suddenly re-

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turned into the abdomen, and the hernia was completely reduced.

These "observations on the treatment of acute inflammatory disease, fevers and urgent cases," are now brought to a close, and the hope is entertained that the perusal of the cases which have been selected as illustrations will tend to confirm the judgment more fully in the power and efficiency of homœopathy (conjoined with proper attention to dietetic and regimenal rules) to grapple with disease in its most formidable aspects, and as a necessary consequence that bleeding, purgation, salivation, and all other violent measures are absolutely unnecessary.

The writer hopes at some future period, in a supplementary paper, to offer some suggestions whereby the efficiency of the homœopathic treatment may be honourably and fairly tested in an open and public manner by the Allopathic School of Medicine.

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**REPORTS OF SOCIETIES.**

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**ON THE UNCERTAINTIES OF POLYPHARMACY.**

By Dr. DRUMMOND.

THE following address was read at the meeting of the Northern Homœopathic Medical Association held at Manchester, May 11th, 1866 :—

Gentlemen,—

The obscurity, necessarily attending the action of compound remedies, increases in proportion to the number of simple substances entering into their composition. Experience has taught us the difficulties we continually meet with when ascertaining the remedial powers of any substance. Whilst medicine as a science has made rapid progress, its practice, as an art, has been often as unsatisfactory as it has proved uncertain. The labours of one generation have been thrown aside by the next, and perhaps again revived by a succeeding class of followers, so that, if we

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cast our eyes over the numerous and varied substances taken from the vegetable, animal, and mineral kingdoms, each of which has enjoyed in its turn a wide-spread reputation as a useful medicine, we shall be surprised with the absurdity of some, the disgusting and loathsome nature of others, the total inactivity of many, and the uncertain and precarious reputation of all. The fluctuations of opinion, and versatility in practice, which every student of medicine meets with, very naturally lead many to form an unfavourable impression, if not a complete misgiving, with regard to the reputed efficacy of medicine, and we ought to be prepared to find some of the incredulous among mankind, putting the art of physic amongst those fallacious arts by which the world has been deluded and blinded. With the history of the changes which have taken place from time to time in the practice of medicine before us, we may ask what pledge can be given that the boasted remedies of the present day will not, like their predecessors, fall into disrepute, and remain only as memorials of the credulity and infatuation of those who have praised their virtues, and directed their application?

If we reflect for a moment upon the difficulties of determining the curative power of any substance, we shall readily understand the nature of the obstacles which have prevented the steady advancement of the science of healing—1st, diseases do not follow any fixed law; they are themselves uncertain, presenting different phenomena at different times, and under different circumstances, for all morbid action, is but a modification or perversion of some of the normal actions or functions of the body, it is no new thing superadded to the living body but it is a mere group or collection of modified structures already existing, and of perverted actions always going on in a living system. 2nd. The peculiar state of the vital powers of a diseased person, and the peculiar differences which give individuality to the several constitutions we meet with, afford an uncertain basis from which to draw our deductions as to the reaction which will follow the administration of a medicine. 3rd. The natural tendency to the restoration of health, which is always present,



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may readily yield us evidence, which, whilst appearing to strengthen the claims of the drug we have used, may in reality only prove that recovery has taken place in spite of the treatment. The *post hoc* instead of the *propter hoc* has always been one of the most fruitful sources of the many false deductions made by medical men. To these difficulties medical practitioners have added a fourth, in the use of complicated mixtures, formed by a sort of hap-hazard choice, one influenced more by caprice than judgment. It is evident that the fallacies to which our observations and experience are liable with respect to the efficacy of drugs as remedies must be necessarily multiplied when such bodies are exhibited in a state of complicated combination, since it must be always difficult, if not impossible, to ascertain to which ingredient the cure may be due. What is the value of an experiment to prove the curative effects of *actea* in rheumatism when the drug has been administered in a solution of *bicarbonate of potash*, or that *podophyllin* is an useful cholagogue when given with *calomel* and extract of *colocynth*? and yet these are the kinds of experiments which medical men delight to make. No wonder that the whole system of therapeutics has presented the varying changes of a kaleidoscope, and that the vaunted virtues of really harmless materials have sprung up, like mushrooms, from the very rottenness of the soil in which they have germinated. Perhaps the best philosophical explanation which can be given to justify these combinations is that furnished by the practitioner, who Sir Gilbert Blane tells us, when asked by his patient why he put so many ingredients into his prescription, answered, "In order that the disease may take which it likes best."

Regarding homœopathy as a system of specifics, after the experiments made upon the healthy to determine the peculiar action of each medicine, one of its chief features is the simplicity of the method of prescribing; a simplicity calculated to furnish us with reliable clinical evidence, enabling us constantly to correct the deductions we have formed, from the effects of the drug when given to healthy persons. Our information respecting the action of a medicine upon the vital organism is acquired by

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Carefully conducted experiments which we name "provings." How are the vital manifestations of the healthy organism influenced and disturbed by the action of the drug? what is the specific action of the drug, and upon what organs, and upon what functions does this action expend itself? are questions for the solution of which we carefully interrogate the healthy body. The phenomena manifested by the drug action are carefully examined by repeated trials, and as soon as we feel assured of their correctness they are retained as sure guides to the specific treatment of the morbid disturbances of the vital organism, made manifest to us by similar symptoms. Whatever be the remote or exciting force of this morbid state, which we call disease, and more frequently than not it is impossible to determine the nature of the cause which has disturbed the normal state of the organism, yet we know that it acts in the same sphere as the drug which produces analogous symptoms. The *similia* only exists in the effects produced by the two disturbing influences, and not in their modes of action. It is due to the fact that both the disease and the remedy produce analogous modifications or perversions of the natural actions or functions of the body, and because they act within the same department; but that these actions are different in kind is apparent, inasmuch as they are capable of opposing or antagonizing each other. Now specific medicines, or catalytics as Dr. Headland names them, are the most reliable means of cure in the hands of our opponents. They are the only medicines they ever think of giving in their simple state, and these are the only medicines used specifically by our opponents, to the selection of which, we have also been led by the guidance of the law first promulgated by Hahnemann. Dr. Headland appears to have some glimmering of the light of truth about the action of these specific medicines, but he stops short of the conclusion to which our founder has led us by his lengthened experiments and deep reasoning. Headland says, "All that I have ventured to affirm of this group of medicines is, that they counteract morbid agencies by an operation in the blood. Now the mode of counteraction is not defined, because it is only in a few cases that we can even guess at it. In the

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majority of instances it seems inexplicable. We know that syphilis is a poison in the blood. *Mercury* also is a poison in the blood. But why does *mercury* antagonize and annihilate syphilis. The case is the same with scrofula and *iodine*; with lepra and *arsenic*. It is very humiliating to be baffled when we have got thus far; when, led by the hand of science, we have been conducted almost to the end of this interesting inquiry, to find that we are perfectly unable to take the last step, and thus to conclude our adventure. When there is no disease a catalytic medicine may work out its own action in the blood and produce a disease. But when there is some previous disorder, the working of the catalytic may operate so as to counteract this already existing action, being so far similar to it, that it acts in the same department, and may thus occasionally produce, by an accident, like results; but being, nevertheless, as we have seen, essentially contrary to it, because it neutralizes it." It is difficult to explain how a very close and candid observer should get so near the borders of homœopathy without being made a convert to the teachings of Hahnemann, and yet we find Dr. Headland ignoring the principles of homœopathy as delusions and snares, whilst even lucidly explaining the first landmarks of the system.

We have said that next to the beautifully simple method which we adopt to determine the medicinal actions of drugs, viz., by experiments on the healthy, we consider the simple mode of giving the specific remedy, singly and uncombined, to the sick, the greatest advantage of homœopathy. The information we derive from clinical experience is of a definite character and can be relied upon; from it we obtain constant evidence to correct and to substantiate the conclusions we have drawn from the pathogenetic phenomena aroused by the action of the drug on the healthy. But in addition to these advantages, we escape the dangers of making such a blunder as giving directions for a mercurial preparation to be administered in conjunction with nitric acid, from the reputed actions of both drugs on the disease to be treated, an error which might bring a patient to death's door, by the formation of *nitrate of mercury* in his stomach. Professor Brande, in a lecture given before the

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Apothecaries' Society, stated that he had seen a prescription of this kind which had nearly been followed by this tragical end. Dr. Paris has seen a formula for "*black-drop*." "It directed a tincture of *opium* to be prepared with rectified spirit, and mixed with undiluted *nitric acid*. In this case it may very safely be inferred that its author was not only ignorant of the chemical habitudes of these bodies, but that he was, moreover, guiltless of ever having perpetrated the act in question, or he would, undoubtedly, have found that, in consequence of the mutual action of these ingredients, hyponitrous ether is rapidly produced; and it is probable that the phial and its corrosive contents would have exploded, to the imminent hazard of the operator's eyes." Nor are we likely to fall into the error of believing that the body of a roasted toad is a specific for the pains of gout, when combined with the infusions of certain herbs, amongst which the meadow saffron is found. The use of a single remedy, and that remedy specifically related to the disease with which we have to deal, is the scientific practice of the art of healing; the use of a complicated mixture, in which many drugs are combined, is mere blunderbuss firing, the mark may be hit, but, if such a successful result attends the practice, the credit is more due to the wide-spreading diversity of the several shots, than to the accuracy with which the shooter takes his aim.

Well, with all these advantages before our eyes, we regret to say that an attempt has been recently made to revive, amongst homœopathists, this discreditable system of blunderbuss firing. Dr. Lutze, a man of very extensive practice in Germany, has introduced into an edition of the organon he has recently edited, a recommendation to give medicines in combination, when we have reason to believe that each remedy is related homœopathically to the disease. To give weight to this suggestion, he tells us, that previous to the death of our founder, he made known his discovery of the usefulness of this method of prescribing to him, and received his congratulations for having been the happy progenitor of the notion of combining remedies in a highly potentized form. We only regret that this innova-

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tion comes to us with the weight of Hahnemann's name attached to it, but we must bear in mind that Hahnemann had no practical experience of the usefulness of the method, and he appears to have been struck with the suggestion simply because such compounds were already in use, as sulphur and calcaria, in the *hepar sulphuris*, or sulphur and mercurius when *cinnabaris* is administered. But we cannot fancy that Hahnemann would have approved of combinations made according to the caprice, or even according to the hurried judgment of a practitioner formed at the bedside of the patient. And, moreover, if the thin edge of the wedge is admitted, who knows where it will stop. If it is right to give a compound tincture of *bryonia*, that is *bryonia* and *aconite*, in acute rheumatism, or a compound *belladonna* and *aconite* tincture in febrile angina, why may not we add a third and fourth ingredient, if we fancy we can detect the homœopathic indications for them; what objections could we make to a man adding a little *nux* and *opium* to either of these compound tinctures if constipation was a prominent symptom? or a little *arsenicum* and *veratrum* if diarrhoea was present? And if we get this far, why not interrogate our patient, with a glass of water before us into which we drop the appropriate quantity of each medicine, which may appear to be indicated by the answers we receive, or in reality make an *elixir vite* by combining all medicines together and allowing the disease to take that which it likes best, to use the philosophical explanation of the worthy son of *Æsculapius* spoken of by Sir Gilbert Blane. Extraordinary cures can always be recited in favour of any special method of treatment. This is one of the sad misfortunes arising in medicine. People will get well in spite of the doctor, and, unfortunately, in spite of his bad practice, he not only takes but receives credit which is not his due. But the following case quoted from Dr. Lutze's introduction to his *Manual of Homœopathic Practice* is rather too good to be true:—"The patient sent me the following report. Is 44 years old, has had caries of the left leg for thirteen years and a half, which had six suppurating sores. The leg was one and a half inches shorter than the other, so that he had been limp-

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ing for fourteen years. The many physicians whom he had consulted had never been able to heal the sores, which had discharged four pieces of bone. Owing to his exertions in walking the right thigh had likewise become affected, so that he frequently complained of tearing pains and stiffness in the hip-joint. Every year he had been bled two or three times for a rush of blood to the head; had been practising this for twenty-five years past, and had been much weakened by it. I gave him *sulphur* and *china* 30 in combination, the former for the psora, the latter for the weakness from loss of blood. Six weeks after the treatment he sent me the following report:—"After the first dose I had ease in my leg, so that I was able to sleep for three nights, which I had not been able to do for the four weeks past in consequence of the tearing pain and the anxiety. After that I was again attacked with burning, especially in the right hip, and colicky pains, with distention of the abdomen. On the twelfth day I experienced a stretching in the legs, which, however made me feel stronger, so that I desired to stretch all the time. In the night, from the 18th to the 14th, this desire was very strong, and when I arose, behold! *both legs had the same length*. Those who did not see me would not believe it, nor could the physicians account for this change, for they had seen me limp on a stick for fourteen years, whereas I was now able to walk erect like a soldier. The weakness in the hip joints has likewise left me, so that I am now able to walk for ten hours on a stretch, whereas, formerly, I was hardly able to walk a mile."

I shall conclude my paper with a short story and leave you, gentlemen, to form your own deductions. A country bumpkin having lost his ass, applied to a Florentine quack for the means which might enable him to find it again. With great display of deep research, six pills were given to the countryman, which he took in all faith, but soon after taking the nostrum their action obliged him to retire into a wood, where, behold! he found his ass. The clown soon spread a report of the wonderful success of the quack, who, in consequence, reaped an ample reward from the proprietors of strayed cattle.

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## DISCUSSION.

Dr. HAYLE said that he thought there was a strong similarity between *polypharmacy* and the practice of *alternating* two medicines having a somewhat similar action. He had alternated medicines, but feeling sure that such a plan was of more than doubtful correctness, he had determined on its discontinuance. And, in thinking over his reasons for having practised it, he had come to the conclusion that it generally arose from an uncertainty in his own mind as to which was the better, the more suitable of two medicines. Instead, therefore, of alternating two such medicines, he now gave that which seemed to him the most appropriate, and repeated it as circumstances might require, and if it did not succeed, he then gave that which formerly he would have alternated with it. This, he felt sure, was a more desirable method than that of alternation.

Dr. DUNN quite agreed with Dr. Hayle. He was in the habit of employing only one medicine at a time, and in the single remedy he had the fullest confidence.

Mr. POPE rose to correct a remark in the course of the paper which appeared to him as likely to lead to an erroneous conclusion. Lutze had unwarrantably brought forward Hahnemann as having countenanced his mixtures. Hahnemann it is true did so at first, and somewhat hurriedly; but after an examination of the subject, he deliberately during the last ten years of his life gave all the weight of his authority in denouncing a practice so uncertain, so thoroughly unscientific. The position occupied by Hahnemann in this matter has been fully and fairly stated by Dr. Aegidi, one of his earliest disciples.

Mr. Cox, after referring to the able character of the paper, said that he could not agree with his friends Drs. Hayle and Dunn in regarding alternations and mixtures as one and the same thing. We do not know the duration of the action of any given medicine. Therefore, it does not follow that when two medicines are prescribed to be taken with a distinct interval between each, that they become mixed in the organism. Besides, experience tells us that *aconite* and *bryonia*, for example, in pleurisy, given alternately, are more efficacious than either

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alone. Alternation, though valuable in acute disease, was undesirable and generally uncalled for in chronic cases. As to mixing remedies he thought such a thing impossible in homœopathy, but never having tried it could give no practical illustration of the effects of such a method.

Dr. EVANS thought that the remarks of Drs. Hayle and Dunn would be re-echoed by many practitioners. For his part, the longer he practised the more disinclined did he feel to alternate medicines. In acute febrile diseases he thought that *aconite* might be used with advantage in alternation, with a medicine having a more direct action on the local inflammation.

Dr. PYBURN said that the habit of alternation arose, in a great measure, from the practitioner's anxiety. He had seen many cases in which it seemed to him absolutely necessary to give two remedies, and instanced especially, febrile disorders attended with gastric derangement. Only when we are thoroughly well perfected in the *Materia Medica* can we hope to avoid alternation. Few, if any, would, he thought, be disposed to mix medicines.

Dr. GALLOWAY suggested that in inflammatory disease where it might be deemed desirable to give two medicines, say *aconite* and *bryonia* in alternation, it would be better to give *aconite* repeatedly and thoroughly first, before resorting to the *bryonia*. But little delay would result from such a course, while *aconite* thus given was often more useful than when prescribed alternately with some other medicine.

Dr. DRUMMOND having briefly replied, and a vote of thanks to him for his paper having been unanimously carried, Dr. Hayle, read an eloquent and able paper on *The Actions and Uses of Alcoholic Drinks on the Human Organism*. The commencement of this essay will be found in another part of the *Review*. Its length precluded any discussion taking place upon it, the great merits it possessed were, however, warmly acknowledged in a hearty vote of thanks to Dr. Hayle for having prepared and read it.

The next Meeting was appointed to be held in York, on the 12th of October. Dr. Craig, of Scarborough, and Dr. Hayle, of Rochdale, were elected President and Vice-President of the York Meeting.



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**ALCOHOL: ITS ACTION AND USE.**

The members present, together with Mr. Seaton, of Hull, dined together in the evening. This meeting was generally regarded as the most successful gathering the Association has yet had. The number of its members is rapidly increasing, the names of nearly all the practitioners of homœopathy in Yorkshire and Lancashire, together with those of many who reside beyond the borders of these two counties, are to be found on its muster roll.

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**ALCOHOL: ITS ACTION AND USE IN RELATION TO THE HUMAN FRAME.**

By THOMAS HAYLE, M.D., &c.

(Read before the Northern Homœopathic Medical Association,  
May 11th, 1866.)

THE question which it is proposed to discuss in this paper is beset with difficulties. We have to treat of the real value of a fashionable agent; an agent which nine out of every ten medical men use in nine out of every ten cases of disease, and which, in case of a cure, they confidently believe has carried the patient through, and which they rarely suspect as the cause, in cases of failure.

The prestige this agent at present enjoys indisposes to a calm consideration of its real value, and casts suspicion on all evidence of a general kind given in its favour. Indeed, the very prevalence of its use is an argument against the propriety of that use, inasmuch as the claims of a pretended panacea are antecedently unlikely to be valid. I have outlived so many fashions in the way of treatment, that I have become suspicious of fashions altogether. I recollect when Dr. Armstrong said, "*The Lancet* is the right hand of medicine and *calomel* is her left;" and the belief was extensively fashionable. At that time the practice of alcoholic stimulation modestly held its own, side by side, with its once fashionable rival, and I have known each hold opposite sides of the same

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ward. Homœopathy has had its fashions too. I became a homœopathist when globulism and thirtieth dilutions were the fashion. Then thirds were considered the thing for acute diseases and thirtieths for chronic ; and moderate men thought they showed wisdom by holding to twelfths in general. Then patients began to come down from London with tales of the high potencies, and two hundredths began to hold up their heads in the provinces. I think, however, they have been a root in dry ground. Then in certain districts the day of small things came to an end, and "A's" and "B's," and things that smelt and had a taste came into favour with men who liked to be sure they were giving something. And now these last two or three years, for there is an ebb and flow in fashion as in the tides, thirtieths are rising in favour. I do not mean to say that I have been unaffected by these changes, but I have never been very low nor very high. I might extend this catalogue by enumerating the changes in the mode of choosing the medicine, but I forbear. Indeed, I may be considered as having unwarrantably digressed from my subject, but I have done so with a purpose. I thought that a brief sketch of the changes might suggest the nature of their cause. They do not look like the deliberate and measured steps of the judgment which may be turned from one direction to another, and even retreat, but with a purpose. They suggest rather the arbitrary movements of caprice in the absence of sufficient evidence to point the way to steady and onward progress ; they resemble too much the history of the art of healing itself before homœopathy brought the light of science to her aid, as far as regards the mode of discovering the virtues of remedies and the law of their application in disease. The use of alcohol in disease presents the same mutations and suggests the same lesson. The law of its use has not been discovered, and hence the

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reign of fashion. People follow leaders and copy from one another, and epidemic customs prevail, run their course, and subside, not overthrown by any argument or reason, but dying a natural death, or trodden under foot, it may be, by some more taking novelty. And here I turn with much pleasure to a paper by our esteemed Secretary, Mr. Pope, upon this subject. In it he has endeavoured to bring the use of alcohol in disease under the homœopathic law, and thus to define the states which require its exhibition. Such an attempt was to have been expected from a consistent believer in the universality of the homœopathic law as regards the action of medicinal agents on the diseased animal body, and Mr. Pope has worked the subject out with elegance and force.

It will be seen in the course of this essay that I differ from him in my views of the action of alcohol on grounds which I shall presently submit to you. I quite agree with him, however, generally as to the kind of cases in which it is useful, but I have endeavoured to go more into detail.

In the face of the almost universal use made of alcohol in the treatment of disease, I have often wished to be able to make to myself a definite answer to questions such as Why do I give alcohol in this? and why do I decline to give it in that instance? It appears to me that the general terms—stimulation and exhaustion—are too vague for use under the application of the homœopathic law; the kind of excitement, or of stimulation and of exhaustion, their causes and nature, must be precisely defined before we can come to the question of what is homœopathic to them. On this point I have great pleasure in being able to refer to the opinion of Hahnemann, valuable as that opinion must ever be from the singular and almost intuitive acuteness of his mind. Thus he is speaking of the abuse of the *cinchona bark*, yet what he says is so

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strictly applicable to that of alcohol, and bears so directly upon the point under consideration, that I am sure I shall be excused for giving a condensation of what he says on the subject.

He observes, in the first place, on the universality of the use of *bark* as a stimulant in all diseases of weakness, and upon the fatal effects of such a use and of the production of serious diseases, such as asthma, jaundice, dropsy, &c., where it was not speedily fatal. He then raises the following questions:—How can diseases of such various character be cured by one and the same remedy? Is not this unpardonable routine practice? How can weakness be removed as long as the disease which is its cause is unremoved? Is not the removal of the disease the only effectual way to remove the weakness which is only its effect? Can *bark*, and he asks in a parenthesis, “wine” do any thing against it when the disease is still unsubdued? To be used rationally in this way they must be panaceas, but that they are not every one knows. It is true, he says, these ‘agents produce a temporary excitement, but this is always followed by a permanent increase of weakness, and he winds up with the assertion “that all medicines which, as unsuited to the case in hand, cannot assist in the cure, must do the more mischief the stronger they are, and the larger the quantity in which they are given, without exception.”

This is a sweeping and a smart condemnation, and to all who admit the universality and the exclusiveness of the homœopathic law as a law of cure altogether conclusive.

To give alcohol, or any other so called stimulating agent, for the purpose of rousing the system or supporting the strength during the course of a debilitating disease, to which it does not stand in a homœopathic relation, is on these premises inadmissible. To be given

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rationally, it must be either homœopathic to the disease, or be used as an article of diet, except in those rare cases in which, as Hahnemann himself admits, antipathics or palliatives are necessary. In this last instance, however, the emergency is soon over, and hence lingering fever cannot be included.

Now there are considerations about the dose of homœopathic agents which may fitly be introduced here, as showing what little use has hitherto been made of alcohol as a homœopathic agent. In all the cases which have come under my experience of homœopathic agency, the curative dose is small relatively to the dose in which the agent is administered to produce the state it is given to remove. Hahnemann lays down the principal in his *Organon* as follows :—

§ 273. “ The suitability of a medicine for any given case of disease depends not only on the fitness of the choice as regards homœopathicity, but as well also on the requisite proper greatness, or rather smallness, of its dose. When too large a dose of a medicine is given, however perfectly homœopathic to the case of disease in hand the choice may have been, it must be injurious, in spite of its beneficial tendency in itself, and this merely on account of its size and the unnecessarily violent impression it makes on a part most sensitive to its influence, on account of its homœopathicity, and already oppressed by the natural disease.

§ 274. “ On this account a medicine is injurious, although it may be homœopathically suitable in a given case, whenever its dose is too large ; and the more, the larger the dose ; and on account of the size of its dose the more, the more homœopathic the choice, and far more, than an equal dose of an unhomœopathic medicine, in no relation suitable to the morbid state—that is an allopathic medicine, since the so-called homœopathic aggravation now mounts up to an injurious height. By this aggravation I mean the homœopathic medicinal disease, which wrought to a proper height would have gently worked a cure,

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and which has been artificially excited in the most affected part of the organism, a part in a most excited state from the action of the original disease. The patient indeed does no longer suffer from the original disease, since this is homœopathically extinguished, but all the more from the excessive medicinal disease, and thereafter not the less from the after action—that is the state set up in opposition by the life of the organism, and from unnecessary exhaustion.

§ 275. “For the same reason, and since a medicine in the pre-supposed suitable smallness of its dose is the more curative and even marvellously efficient, the more homœopathically it has been chosen; a medicine, the choice of which has been hit upon with due homœopathic fitness, must be the more curative, the more its dose descends to the degree necessary for feeble aid.”

Hahnemann gives as a reason for the smallness of a dose of medicine homœopathically chosen, that the part acted on by it is already diseased and in a most excited state from the action of the original disease; to this explanation may be added what he says in another place, “that the part is most sensitive to the influence of the medicine on account of its homœopathicity: *i. e.*, the part is already affected by a similar set of actions with those which the medicine administered is calculated to set up.”

There is another consideration which may be adduced in order to explain the necessity of acting with small doses of a homœopathic medicine. The action of such a medicine is not limited to the peripheral extremities of the nerves, but is at once transmitted centrally into the penetralia of the system, to those nervous centres which preside over the disturbed functions; which centres from their position, in fact from their being centres, must be small, perhaps inconceivably so. The hierarchy of the animal organism, if I may be allowed the expression, is not one of magnitude, but one of kind and relation. The fact is, as a rule, the smaller governs the larger, and whenever the seat of the consciousness of individuality

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and of the will shall be discovered, it will be proved to bear an inconceivably small proportion in size to the whole organism.

Anatomy and physiology tell us that the nervous system is presided over by a constellation of nervous centres all connected by nervous cords of communication, and presenting in their arrangement and function unmistakeable evidences of intersubordination and general reference to a common and presiding centre. The details may not yet be minutely made out, but that the above is a true statement in the general is undeniable. Now when one or more of these nervous centres are acting abnormally, the disturbance is proportionate not to the size, but to the quality and relations of the affected ganglion or ganglia, and the number of the immediately related or dependent ganglia. To change this state of things we do not want a quantity of matter, but matter (the smallest portion will do) calculated by its nature to make an impression, however transient, on the presiding ganglion affected; which being done but for an instant of time, the morbid influence is depressed or extinguished, and the affected ganglion responds to the harmonic movements of the system.

Napoleon used to say that medical men appeared to him like bunglers who were poking pins into the works of a watch at random, and were therefore sure to do more harm than good;\* but had Hahnemann relieved him in a few seconds of an attack of tic by the 30th attenuation of the appropriate medicine, as we have, I dare say, all done with regard to our own patients, he would have exclaimed, "*Rem acu tetigisti*"—you know that disease must be touched with the point of a needle, and you have done it.

\* I should have preferred the term *Burglar* to that of *Bungler*, reference of course being had rather to the mode of procedure than to the end in view.

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We know that the point of a penknife inserted into the medulla oblongata will immediately produce death; we know also that a mere prick in the medial line of the fourth ventricle will either increase the saccharine secretion of the liver or the secretion of urine, just as it is made lower or higher in a very slight degree. Thus, then, we may be enabled to understand that if the powers of an affected part do not depend on its size but on its quality and its relations, so may the powers of the medicine administered depend not on its quantity but on its quality and relations, and that as the size of the one may be inconceivably small, so may the quality of the other required be so also. Then if a very small dose of the appropriate remedy is sufficient to produce radical and curative changes (partly because, as Hahnemann says, it acts on a diseased part, to the actions prevailing in which, the actions it is calculated to set up are homœopathically related; and partly, as I think I have shown, because the part in question is centrally situated and of great influence, and small in size in proportion to the extent of its influence), it is obvious that a large dose, for the same reasons, is calculated to produce serious and extensive disturbance, and cannot be safely administered.

I have entered into this long examination of the reasons why a small dose of a homœopathic remedy is necessary—an examination I trust not in itself unprofitable—in order to compare the doses in which alcohol is administered in disease with the doses requisite in the use of a homœopathic remedy, and in the light of this comparison to raise the question whether alcohol ever acts homœopathically when administered in disease. If we find that its dose in disease is not as small as that in which it is necessary to administer a homœopathic medicine; nay more, that it is often as large as, and even sometimes much larger, than that in which it can be given to a healthy man so as to produce pathogenetic symptoms; if



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we find, in short, that its dose in disease is as large, or larger, than that required in a proving, we shall be quite justified in concluding either that it is not used homœopathically but on some other principle, or that there is something exceptional about it that makes its curative dose as large as or larger than its pathogenetic. Now we never find that alcohol is given in attenuations nor even in drop doses; the idea that it can act in very small doses is so out of the way, that no one ever dreamt of trying it in them. Indeed, we look at its use in infinitesimal doses just as an allopath looks out our small doses of homœopathic remedies—a plain proof that we don't look at it as a homœopathic agent. Thus, too, when Hahnemann is speaking of the increased influence exerted by homœopathic remedies, in consequence of the extension of their surface through dilution, he expressly excepts wine and alcohol, calling them the simplest of irritants, and says they alone have their heating and intoxicating power lessened by intermixture with much water. And here a very interesting question presents itself for our consideration—What is there peculiar about the action of alcohol that removes it from the category of agents that can be used homœopathically, or at any rate that can be used as the effects in the usual small doses of homœopathic agents? It is not that it does not act pathogenetically: its morbid effects taken together constitute the great evil of our times, and fill our prisons and our lunatic asylums, and call for the frequent exercise of the extreme penalties of the law on its unfortunate victims. Has the homœopathic law, then, its exceptions? Are there any morbid agents that cannot be used homœopathically in the treatment of disease? or can alcohol be used homœopathically, but there is something exceptional about it which makes its curative dose as large as or larger than its pathogenetic?

In answer to these questions (for we shall find it neces-

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sary to treat them together), we may remark, that mechanical morbid agents must of course be dealt with mechanically. Chemical agents must be neutralised chemically. The effects of articles of food which derange the nutrition will not be removed by the substitution of other articles of food which derange similarly, but rather by a return to a more wholesome diet ; bad air must not be exchanged for similar bad air, but for healthy air ; a hot climate, which is injuring the constitution, must not be exchanged for another hot climate, but for a colder one—the effects of want of exercise for activity ; of too much study, for mental relaxation ; of anxiety, for distraction.

The three last cases, it is true, are not referable to the action of external agents, but to a bad regulation of the habits, but they are introduced because diseased states are produced by them which are best treated by the removal of the cause and a reversion to harmony of action shown, not by a similar but by a dissimilar set of actions, and therefore not treated according to the homœopathic law.

It is probable also that general agents, agents whose action is not limited to one organ or set of organs, whose effects are strictly proportionate to the quantity taken into the system, so strictly as to suggest the idea of chemical and not of nervous or dynamic action—chemical action set up in the blood, and thus brought to bear on all the tissues, and producing vital manifestations by interfering with and modifying and paralysing vital actions, and this in consequence of specific dynamic power, chiefly perhaps of chemical action. It would be, *à priori*, probable that such agents would not, when used in very small doses, act homœopathically, or indeed have any appreciable action at all. Quantity is required before they can act, for the changes they produce are quantitative changes, as well as qualitative ; changes, too, which are produced

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not by acting specifically on a centre of extensive influence, but on the general internal surface. And if, in a very small dose, such agents would not exercise a homœopathic, or indeed any appreciable action, neither could they, in larger doses, be used homœopathically so far as they act chemically; for the proper way to treat the chemical and quantitative action of a poison on the fluids would not be by the chemical and quantitative action of another similar poison, but the getting rid of the former by a return to a healthy diet, or by chemical neutralization. If, as supposed, the dynamical effects depend on the chemical, their removal must depend on the removal of the latter. Now alcohol appears to me to belong to this class of substances. It has a very great attraction for a substance which pervades the whole organism. In Turner's *Elements of Chemistry*, it is stated that "alcohol greedily absorbs water from the atmosphere, and deprives animal substances of the water they contain, causing them to shrivel up. Hence its use in preserving anatomical preparations. Water and alcohol unite with disengagement of heat."\*

(To be continued.)

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## CASE OF NERVOUS DEBILITY AND DYSPEPSIA.

By WILLIAM V. DEBURY, M.D., M.R.I.A.

THE gentleman whose case is given applied to me for advice, being very anxious about his state of health, as he had been gradually falling away, and from his altered appearance was exciting the attention and sympathy of his friends. He had been under allopathic treatment without benefit, and being unwilling to continue taking medicines that were not doing him good, called upon me.

\* Turner's *Elements of Chemistry*, p. 867, 8th Edition.

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CASE.—December 12, 1865. Was consulted by —, Esq., aged 45. Had been out of health for the last year and a half, and has lost a stone and a half in weight within the last seven or eight months. Being naturally of a spare habit of body, he could not afford to lose much flesh. Has been a great smoker, but is not so now. He is of abstemious and regular habits, but his occupation is sedentary. Is liable to take cold.

First noticed inability to walk without feeling fatigue and giddiness. This made him feel nervous, and was followed by palpitation, but no hurried breathing; has had to take brandy to procure relief; pulse 76, weak and intermittent; heaviness about heart of a morning, some nausea, feeling of faintness. After walking home, face is pale and eyes staring; there is yellowish sediment in urine, last week it was reddish; relaxed stools; pains in shin bones and legs felt on straining at stool; swelling of gums. Gave him *pulsatilla* three or four days before making notes of his case.

*Acid phos.*, a small pilule of the 12th dilution to be taken four times a day.

December 18.—Less troubled with palpitation. Constipation; a little blood has been seen at times; has been awakened by pain in rectum; has some slight hæmorrhoidal swelling; complains of neuralgic pain in forehead (weather has got colder); took *mercury* when young; pulse 86, no intermission during full minute; strength good.

*Phos. acid.*, one pilule 12, three times a day, and *merc.*, one of the 12th, at night.

December 23.—The urine has continued thick till this morning; stools have been more difficult to pass, but are loose this morning; heat in rectum; some slime and blood round the formed stool; neuralgic pain better; pulse 80, no intermission.

*Carbo vegetabilis*, one of the 12th, twice a day, and *phos. acid.* night and morning.

January 3, 1866.—Sleep not as good as it ought to be; appetite good; stools better; urine high coloured but clear; pulse 74, no intermission; has not been troubled about his heart lately, which at first had given him anxiety.

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*Carbo vegt.*, one of the 12th, twice a day, and *acid phos.*  $\frac{1}{12}$ , once a day if needed.

January 9.—Having taken cold last week, had *merc.* and *acon.* Some soreness and roughness in chest, worse of a morning; urine thick with reddish deposit; speaks as if he had a cold; some pain below right scapula, passing through to chest; slight cough.

*Phos.*, three pilules 12, in nine dessert spoonsful of cold water, a spoonful four times a day.

January 22.—Still some cold in head; increased secretion of mucus. Resumed *carbo vegt.* after taking *phos.* for a few days. Feels a little fulness about heart after any error in diet; flatulence; urine has been dark.

*Nux vomica*, one of 12, night and morning.

February 5.—Is feeling better, but complains that there is often a reddish sediment in urine, still thickish, but nothing to what it has been; some flatulence.

*Lycopod.*, one of 12th, two or three times a day.

February 20.—Having taken cold, took some *mercurius*. Some stuffiness in nose; occasionally red deposit in urine.

*Nux vom.*, one of 12th, three times a day.

March 12.—Once or twice a little blood with stool, itching. Has caught a little cold; some cough of a morning; hoarseness; accumulation of phlegm.

*Causticum*  $\frac{3}{12}$ , in seven spoonsful of water, one three times a day, till relieved.

The improvement in this case was very gratifying. The nervous depression had passed off, his anxiety about the state of his heart was gone, and altogether he felt a very different man, when able to discontinue his visits, from what he did when he came under treatment.

## CASES FROM PRACTICE.

Reported by ROBERT T. COOPER, M.B., Southampton.

MANY of our readers, no doubt, have met with cases of troublesome vomiting which so often occurs in the aged, which fre-

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quently is the forerunner of death. All who are in the habit of dealing with such cases will agree with me as to the difficulty in making choice of the suitable remedy, not alone on account of the urgency of the case and consequently the limited time for deliberation, but also on account of the existing prostration and the impossibility of obtaining a fair description of the symptoms.

The following case I hope will prove of interest:—

A short time since, when visiting a private patient, a messenger came to request I would go and see an old lady who lived a few doors off, and who was suffering from most violent and incessant vomiting of a dirty yellowish mucus, very fetid, accompanied by constant eructations.

She had been suffering all the morning in this way, two hours intervening between each attack.

On entering the room, I at once was struck with the difficulty of the case I had to deal with. Here was an old woman, eighty years of age, prostrated to a degree, and suffering intense agony, as was evinced by her placing her hands every now and then on her heart and stomach. Such was her debilitated state, that it was painful to ask her to speak, and after trying for at least ten minutes to dispense with doing so, I determined at last to ask one question, which was to ascertain if the eructations she suffered from had any peculiar taste. She replied in the affirmative, and said that they tasted "exactly of decayed eggs." For this symptom I did not hesitate to prescribe *arnica* gl. ij., 3rd ce. dil., and took my departure, promising to call in the evening and see how the poor old lady fared. I did so, and to my great surprise found her quite composed, not having had an attack of the kind in the interval.

Previous to my morning visit, *ipsecacuanha* had been given without the least benefit, and this is only one of the many cases we daily meet with which demonstrates the fallacy of prescribing for a name not for symptoms.

There are few practitioners who would advise one to prescribe *arnica* in cases of vomiting. Perhaps eighty medicines more plainly point to gastric disturbance causing vomiting than does *arnica*, and thus we see the necessity for taking into account a

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peculiar symptom, if such exist, as was the case in the present instance.

I do not mean to say my patient has recovered her strength and usual health; that would be impossible in a broken down constitution like hers, fast hurrying to the grave; but surely it affords one much gratification to be able to give relief where the *vis medicatrix naturæ* is evidently so little in our favour.

One may at least take to themselves the satisfaction the Irish Veterinary Surgeon did when he sent a clergyman in a bill which, among other items, contained the following:—"For curing his Riverince's mare until she died, 15s."

We learn from this case the truth of what Hahnemann has told us, that *arnica* is a polychrest, and I think we should not hesitate to prescribe it, even if the symptoms cannot either directly or indirectly be referred to some previous injury, provided we find them to correspond accurately with its pathogenesis. Indeed it seems to me that in this way we are too often inclined to overlook *arnica* as a remedy.

*Muriatic Acid in Diseases of Tongue.*

Jane Cheshire, a dispensary patient, aged 13, was admitted on the 18th April, 1866, complaining of a hard lump the size of a large marble, which existed for two or three months on the superior surface of her tongue, about half an inch from the tip to the right of the middle line.

Knowing that *muriatic acid* had a peculiar action on the tongue, I ordered her gtt.  $\frac{1}{2}$  of 12 ce. dil. three times a day.

15th.—Tongue very much better, nearly well; can now eat her dinner without the slightest inconvenience.

May 2nd.—One may now very well pronounce her cured, and the merest trace only remains of induration.

*Muriatic acid* is, I believe, almost a specific in the disease so well described by Sir James Earle, affecting one half of the tongue, commencing by the formation of small vesicles, and giving rise to intense agony.

As I have never seen a case of this kind since I have donned

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homœopathic colours, it is impossible to speak of its utility. Some of your readers may perhaps favour us with their experience on the subject. If I mistake not, Sir James recommended *hyoscyamus*, but whether he regarded it as a specific, I am unable to say.

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## CASES.

Reported by WM. FREEMAN, Esq., Kendal.

*Crocus Sativa in Partial Placenta prævia.—Stoppage of the Flooding.*

A trained midwife called at 11 o'clock, p.m., for advice. A woman in the seventh month had sent for her on account of flooding. No reason could be given for the flooding. The bed was saturated. There were no pains. The os was perfectly closed. She was advised not to plug lest it should produce a collection of blood within the womb. *Crocus Sativa* (1), a drop every ten minutes was suggested. The case to be carefully watched. If there was no improvement within the hour to give *secale*. In about six hours she called for further advice, saying that the os was quite open; that the placenta covered two-fifths of it; that the bleeding had ceased and pains come on with the first dose of *crocus*; that the action of the *crocus* had been much less distressing than that of *ergot* in any case in which she had seen it. Under these circumstances, she was advised to wait the natural event. A dead child was born at 7 a.m. The mother did well.

*The Kalmia Latifolia. Eruption on the Face.—See Hull's Jahr.*

A woman had one drop of *Kalmia Lat.*  $\phi$ , in divided doses, during twenty-four hours, for facial neuralgia.

She reported that before the twenty-four hours were completed, a crop of "dark red boils" came out on her face. When seen five days after they had disappeared.

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## REVIEWS.

*The Greek Pastoral Poets—Theocritus, Bion, Moschus.* Done into English by M. J. CHAPMAN, M.D. Third edition, revised. London : Saunders, Otley & Co., 1866.

*Hebrew Idyls and Dramas, originally published in Frazer's Magazine.* By M. J. CHAPMAN, M.A. London : Saunders, Otley & Co., 1866.

Devoted as is our *Review* to the discussion of questions involved in the science and art of medicine, we feel that the publication of these two volumes—the literary works of a much lamented colleague—calls upon us to diverge somewhat from our usual course, and to accord them a notice, brief though it must be, of their singular grace and elegance.

Known to us as a kind-hearted and able physician, the late Dr. Chapman was perhaps still more widely recognised in the world of literature as a scholar and a poet. Some thirty years ago his translations of the Greek Pastoral Poets were given to the world. Passing rapidly through two large editions, they have long been out of print. For the third, now before us, all lovers of pure Greek, correctly and elegantly translated, will be grateful. No less so will those for whom true poetry—poetry chastened and ennobled by the devout and faithful Christian spirit pervading its every page—be for the reproduction of the Hebrew Idyls and Dramas.

In the first of the works before us, the most noticeable feature is the extreme faithfulness with which the original has been rendered into English. Dr. Chapman's versions are actual translations, not mere paraphrases or imitations of the Greek. To this cause may be ascribed what of abruptness and ruggedness a critic may discern in the style ; a defect perceptible in the attempts of our greatest scholars to combine anything like accuracy with the untrammelled flow of really melodious English verse. To realize the peculiar charm of Greek rhythm, the poets must be studied in their own language.

Theocritus, Bion and Moschus are the authors whose charming poems Dr. Chapman has "done into English." The Idyls

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of Theocritus are for the most part too long to be quoted entire. We have only space for the opening stanzas of Idyl xxii.:—

The twins of Leda, child of Thestius,  
Twice and again we celebrate in song,  
The Spartan pair, stamped by Ægiochus,  
Castor and Pollux, arming with the thong  
His dreadful hands; both merciful as strong,  
Saviours of men on danger's extreme edge,  
And steeds tost in the battle's bloody throng  
And star-defying ships on ruin's ledge,  
Swept with their crews by blasts into the cruel dredge.

The winds, wher'er they list, the huge wave drive,  
Dashing from prow or stern into the hold ;  
Both sides, sail, tackle, yard, and mast, they rive,  
Snapping at random ; from Night's sudden fold  
Rushes a flood ; hither and thither rolled,  
Broad ocean's heaving volumes roar and hiss,  
Smitten by blasts and the hail-volley cold ;  
The lost ship and her crew your task it is,  
Bright pair ! to rescue from the terrible abyss.

They think to die—but lo! A sudden lull  
O' the winds; the clouds disperse; and the hushed sheen  
Of the calmed ocean sparkles beautiful;  
The Bears, and Asses with the stall between  
Foreshow a voyage safe and skies serene.  
Blest Brothers! Who to mortals safety bring,  
Both harpers, minstrels, knights, and warriors keen  
Since both I hymn, with which immortal king  
Shall I commence my song? Of Pollux first I'll sing.

(pp. 171, 172.)

This description will doubtless have reminded many readers of those beautiful lines where Horace alludes to the same "*great twin brethren*":—

— quorum simul alba nautis  
Stella refulsit,  
Defluit saxis agitatus humor :  
Concidunt venti, fugiuntque nubes,  
Et minax (quod sic voluere) ponto  
Unda recumbit.

From MOSCHUS we cannot do better than select the fifth Idyl, entitled "THE CHOICE." It is as follows:—

When on the wave the breeze soft kisses flings,  
I rouse my fearful heart and long to be  
Floating at leisure on the tranquil sea ;

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But when the hoary ocean loudly rings,  
 Arches his foamy back and spooming swings  
 Wave upon wave, his angry swell I flee.  
 Then welcome land and sylvan shade to me,  
 Where, if a gale blows, still the pine-tree sings.

Hard is his life whose nets the ocean sweep,  
 A bark his house—shy fish his slippery prey;  
 But sweet to me the unsuspecting sleep  
 Beneath a leafy plane—the fountain's play,  
 That bubbles idly, or whose tones if deep  
 Delight the rural ear and not affray.

(p. 283.)

Perhaps the most successful exertion of Dr. Chapman's powers as a practical translator is in the well-known "LAMENT FOR ADONIS," the first of the Idyls of Bion. To transfer it to our pages in its entirety is beyond our power, while less than the whole would not suffice to convey an adequate impression of its extreme beauty. We note it for our readers to refer to, promising them real pleasure in its perusal.

But scant space remains in which to comment on the Hebrew poems. Freed in these from the obligations imposed on a translator, Dr. Chapman gives expression to his true poetic feeling in language pure and elegant, powerful and oftentimes quaint.

In REBEKAH, the scene of the camels returning with Isaac's future bride is an exquisite piece of poetical painting:—

The camels with a fresher life career,  
 As knowing well their resting-place is near.  
 The song of birds—the gentle hum of bees—  
 The balmy breezes playing with the trees—  
 The cedars nodding on the wavy hills—  
 The thousand sweets each flowery slope distils,—  
 All the soft magic of the tranquil hour  
 Awakes and fills the sense of local power.  
 Down from the skies a mellow glory streams  
 From the fast-sinking sun's tiar of beams;  
 Long shadows fall from that bold range of hills,  
 While the deep west her heart with wonder fills.  
 There, 'mid the tissue of his glorious bed,  
 The regent of the day declines his head;  
 His slanting sheets of light, as lakes, are set  
 Mid continents of gold and violet;  
 And purple isles are in the golden sheen,  
 And gorgeous curtains over all the scene,  
 Diversified with every rainbow hue,  
 Up to the roof-work of the quiet blue.

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Now happy-looking flocks and herds are seen  
Returning homeward from their fragrant green;  
Now thick-set clumps of sylvan wildness—then  
The toils of oxen and the works of men.

(p. 10.)

The most perfect of the poems is, we think, *ISHMAEL THE OUTCAST*, where the history of this remarkable tribe is traced through the long centuries during which, in complete accordance with the prophecy, it has remained "unconquered and secure." With what a touching, heart-appealing tenderness is the lament of Hagar given, as, when anticipating the death of

Her own Benoni, child of many tears,  
she  
Creeps  
A bow-shot off, lifts up her voice, and weeps.

It is as follows:—

"Ah me!" the mother said,—*"Ah, woeful me!  
What slave to gain such freedom would be free?  
To roam an outcast, and to die from thirst,  
And thus to see my darling perish first!  
See how he lies in deathful heaviness—  
No hope nor end but death to this distress.  
So beautiful! In boyhood's early prime—  
My only one—to die before his time!  
Oh, had this trouble fallen on only me,  
How gladly had I died, my child, for thee!  
How sweet to look into his eye-sheen clear,  
And see the light of wild joy laughing there—  
Mark his proud step, and hear his lively voice,  
Whose tones of gladness made my soul rejoice—  
Or fondly tell him, sitting hand in hand,  
The wondrous legends of my native land—  
No more—no more! My darling's ear is stopped,  
My bud of beauty is untimely cropped.  
On me depends the weight of this offence;  
I should have better taught his innocence.  
That fatal scorn—that sting to Sarah's eyes—  
The fault was mine, mine only—and he dies!  
Is this thy princedom? this the promised line,  
Secured from failure by the Power divine?  
Oh! piteous pleading of a speechless tongue—  
Oh! lamb-like helplessness of one so young,  
Our God and Abraham's both sees and hears,  
And but for Hagar's sins, would wipe off Hagar's tears."*

Gladly would we have directed attention to the especial beau-

## REVIEWS.

ties of "JEPHTHA'S DAUGHTER," of "THE BRIDE," of "JUDITH," and of other of the pieces before us. But time forbids, and we must hastily conclude our notice, all unworthy as we feel it to have been. In the reading of these volumes, the one the product of ripe scholarship, the other of true poetic genius, the gratification excited by their intrinsic worth has been in no small degree enhanced by the remembrance that the author was, during the last five-and-twenty years of his life, a brilliant ornament of that comparatively small section of our profession to which we are attached; and that throughout this period, he never wearied of devoting to the defence and exposition of the distinctive features of our *therapeia*, all that copiousness of language, that force of illustration and those resources of learning so largely and gracefully displayed in his Pastorals, Idyls and Dramas.

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*The British Journal of Homœopathy* for April,

Opens with, 1. "Gleanings from Allopathic Literature," some of which present interesting corroborative evidence of our homœopathic provings.

2. "Chelidonium majus." The record of provings of this medicine are continued.

3. A translation of Dr. Langheim's paper on "The relation of Peruvian Bark to Intermittent Fever." This paper displays much critical acumen and research; we shall await its conclusion before giving it the full notice it demands.

4. "On the Sifting of Medicinal Symptoms," by Dr. Constantine Hering; and 5. "On the Arrangement of the *Materia Medica*," by Dr. Drysdale, relate to very important practical points, and well deserve serious consideration. Dr. Drysdale does not approve of *abstracts* of our *Materia Medica*, which he facetiously calls "boilings down" of the "unwieldy provings." He on the other hand prefers retaining every symptom, and the rendering these "accessible for daily practical use by complete repertories;" at the same time Dr. Drysdale thinks that all "*doubtful symptoms*" ought to be excluded from the *Materia Medica*, while Dr. Hering seems to claim a place for every

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symptom which has any *prima facie* evidence in its favour. Dr. Drysdale severely censures those practitioners who attempt to treat their patients in accordance with the "general and pathological clinical indications," instead of adhering strictly to the "*totality of symptoms*," and says that those who thus leave off the attempt to accurately cover the symptoms become "mere specifickers." Our opinions on this point do not fully coincide with those expressed by our most valued and excellent colleague, but as they have been fully expressed recently, we will not again repeat them here.

6. "On the Nature and Treatment of Diabetes," by Dr. Hughes, is especially interesting, from several cases treated by *nitrate of uranium*, followed with great apparent benefit, and in some cases by cure.

7. "On Gout and Rheumatism in connexion with Lead Poisoning," by George Moore, M.D. A clever practical criticism of Dr. Garrod's paper on the above subject.

8. "Repertories," by Dr. Herbert Nankivell. A paper in praise of the Repertory now being published by the Hahnemann Society, in which *cyphers* are made to do the work of words. Our only objection is to the extreme difficulty of *decyphering*. It is true that five times less space are required to print the symptoms in; but if it take five times as long to read, we doubt the gain.

9. Reviews of Dr. Chapman's works, and of "Druitt on Cheap Wines."

10. The Clinical Record, which is always interesting, and would be more so were it the first time we had seen them. A very undue proportion of the cases are extracted from the American homœopathic periodicals.

11. Miscellaneous, which is headed by a very pleasing notice of the late Dr. Conolly, by Dr. Russell, which fully corroborates what we have always heard of that physician's largeness of heart and freedom from those prejudices which are so unfortunately common in the professional world.

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## NOTABILIA.

## MEDICAL ETHICS.

THE following correspondence has been forwarded us for publication by our much esteemed colleague Mr. Clifton. The strong medical *nonconformist* crops out in every line of his letters, and we are happy to say, "*in his battle for right*" he won.

The facts of the case are these: an accident occurred to an excursion train from Northampton to London, one of the sufferers, a Mrs. Cooke, who had a third class insurance ticket, called in Mr. Clifton (she being a homœopath); her husband sent a notice of her accident to the assurance office. Several days afterwards Mr. Evans (local medical officer to the assurance company) called to see her to report on her case to the office. Mrs. Cooke declined to see Mr. Evans, except in the presence of Mr. Clifton, her medical adviser.

Mr. Evans then sent the following letter to Mr. Clifton, which gave rise to the following correspondence.

From C. J. EVANS, Esq., to A. C. CLIFTON, Esq.

Northampton, 49, Abington-street, May 29.

Dear Sir,—I have been authorised, as Medical Referee for this district to the Railway Passengers Assurance Company, to visit and report on the case of Mrs. Cooke, 6, Abington-terrace, a patient of yours.

I called at the house for that purpose this morning, but she declines to see me except in your presence. I must beg respectfully to decline that for reasons it is unnecessary to enter into; but I should be obliged if you would be kind enough in writing to authorise me to visit her for the above purpose.

I need not say that I have not the slightest intention of interfering with the case in any way whatever, but that I simply wish to ask her a few questions in order that I may be able to reply to the queries put to me by the Assurance Company.

I am, yours truly,

A. C. Clifton, Esq.

CHAS. J. EVANS.

A. C. CLIFTON, Esq., to C. J. EVANS, Esq.

65, Abington-street, Northampton, May 29, 1866.

Dear Sir,—I shall esteem it a favour if you will inform me whether it is a *sine qua non* with the Insurance Office that their Medical Officer should visit the patient alone, or whether your

NOTABILIA.

declining to see Mrs. Cooke in my presence is your own act alone; if the latter I shall feel obliged if you will give me your reasons for so doing, which I think it necessary I should know before giving you the permission you require.

Yours faithfully,

C. J. EVANS, Esq.

A. C. CLIFTON.

C. J. EVANS, Esq., to A. C. CLIFTON, Esq.

49, Abington-street, May 29, 1866.

Dear Sir,—I was in hopes I had worded my note sufficiently clearly to prevent a misunderstanding on your part, but I shall be happy to explain more fully, at your request.

In reply to your note I beg to say that I am not aware that it is a "sine qua non" with the Insurance Company for their Medical Referee to visit a patient in the absence of his medical attendant—on the contrary, I may say that I have acted as Referee in several similar cases lately, both in the presence of the medical attendant, and in his absence. My declining to do so in the case of Mrs. Cooke is my own act only, and my reason for so declining is simply and solely because you are a homœopathic practitioner.

I am, yours truly,

A. C. Clifton, Esq.

CHAS. J. EVANS.

A. C. CLIFTON, Esq., to C. J. EVANS, Esq.

65, Abington-street, Northampton, May 30, 1866.

Dear sir,—As you state that "your declining to see Mrs. Cooke in my presence is your own act only," and that "the sole and only reason for your so declining is because I am a homœopathic practitioner," I also beg respectfully to decline acceding to your request that "I should in writing authorize you to visit her" without me.

You are aware that I am a legally qualified and registered practitioner, and as you were not required by the Company to visit the patient alone, I can only account for your uncourteous and unprofessional request from the reason you assign, or from the fact of your not having lived long enough in Northampton to know the metal I am made of; for although I would rather live at peace with all men, and am willing to meet any other medical man who desires to or consents to do so when required, on the other hand, I shall not submit to the indignity you would have me. Allow me also to add, that although you have declined meeting me, such meeting was never asked for by either my patient or myself, my patient only wishing to be courteous by insisting that her regular medical attendant should be present when you were.



## NOTABILIA.—TO CORRESPONDENTS, ETC.

allopathic churlishness and ill-breeding; in opposing, with all their force, the medical trades'-unionism which disgraces the allopaths, and degrades them to the lowest depths; but, at the same time, let us never omit the opportunity of showing them that civility and urbanity which they, to their own hurt more than to ours, withhold from us. We are in the right, and we can therefore afford to be nobly generous even to those who do us the most grievous wrongs.

## LONDON HOMŒOPATHIC HOSPITAL.

Dr. HAMILTON having resigned his position as one of the Physicians, and Mr. Robinson having resigned his appointment as one of the Surgeons to this Institution, an election will shortly take place to fill the vacancies thus created. We understand that Dr. Markwick and Dr. Mackechnie are candidates for the Physicianship. Dr. C. G. Watson (late R.N.) and Mr. Harmer Smith have been named as probable competitors for the vacant post of Surgeon.

THE MIDLAND COUNTIES' HOMŒOPATHIC  
MEDICAL ASSOCIATION

Held its usual Quarterly Meeting at Birmingham on Thursday, June 14th, when a paper was read "On some forms of Spinal Curvature and their Effects on the General Health," by Dr. Bayes.

## NOTICES TO CORRESPONDENTS.

We are compelled to carry over Dr. Meyhoffer's paper on Albuminuria, several Reviews, and many papers of interest, till our next number.

Communications have been received from Dr. Meyhoffer, Dr. Hayle, Dr. Gwillim, Dr. R. Tuthill Massy, Dr. Drury, Mr. Clifton, Mr. E. Wynne Thomas, Dr. Casanova, Dr. Edgelow, Dr. H. Belcher, Rev. F. Smith, Dr. Baikie, Dr. J. Forbes Laurie, Col. De l'Hoste, Dr. C. J. Pearce.

## BOOKS AND PERIODICALS RECEIVED.

*Bulletin de la Société Médicale Homœopathique de France*, Juin 1866.

*Epidemic Cholera*, by G. S. WALKER, M.D.

*Western Homœopathic Observer* (American), May 1866.

*American Homœopathic Observer*, June 1866.

*Homœopathy: Two Letters on the subject*, by DAVID SCOTT-SMITH.

*The Anæsthetic Art*, by WALTER JOHNSON, M.B.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LONDON HOMŒOPATHIC HOSPITAL.

THE Sixteenth Annual Report of the Board of Management of the London Hospital is now before us; together with the Minutes of the Annual General Meeting of the 25th of April, 1865, the Right Hon. Lord Ebury in the chair.

It is always a source of great gratification to us to note the steady progress of this national institution. During the year 1865, 5967 patients, of whom 379 were in-patients, received the benefits of homœopathic treatment at this, our Central Hospital. Considering the extreme difficulties which beset a young hospital, and the open as well as concealed hostility with which a hospital devoted to the practice of homœopathy has had to contend, we may well congratulate its founder, Dr. Quin, on the success which has so far attended his humane and patriotic effort.

The Hospital, however, in every way demands a far more active support from the great body of homœopaths than it has hitherto received. One great difficulty has been met; we have a noble building, and every appliance within its walls for the relief of a large number of sufferers—we believe there are wards for the reception of 120 patients while we regret to hear that the funds will not suffice for the support of 50. Two things more are needed: a larger income, and a more active interest in the sending of a proper class of cases for treatment within its walls. The income for the past year consisted of—Annual Subscriptions and Donations, £1885 : 7 : 2; Dinner Fund Account, £1081 : 9; Total,

## THE LONDON HOMŒOPATHIC HOSPITAL.

£2966 : 16 : 2;—a sum totally inadequate to the needs of so large an institution, and a very poor *thank offering* from the very numerous recipients of the benefits of homœopathic advice throughout our land. If it be true, as we have often heard asserted, that there are at least 1,000,000 homœopathic patients throughout the length and breadth of England, then we say that the sum of £1885 : 7 : 2 is a very *infinitesimal* subscription towards the upholding of our Central Institution. If every homœopathic patient would give but one shilling a year for each member of his family, the subscription would amount to £50,000 a year. Nothing is, now-a-days, done without money; and we would very earnestly urge on all homœopaths the claim which the London Homœopathic Hospital has upon their charity. All charity should be used with discretion; we by no means advocate indiscriminate charity, even where the objects relieved are in themselves proper and deserving. The LONDON HOMŒOPATHIC HOSPITAL, in *Great Ormond Street*, has peculiar and very near claims upon us all. Those who prize the blessings which have accrued to them through the discovery of homœopathy by HAHNEMANN, ought not to content themselves with selfish congratulations on the prolonged life and the greater freedom from pain and sickness which they thence enjoy; they ought not to think, when they have handed the physician his fee, that they have *purchased health, honestly paid for the article, and owe no more*. They owe thanks to God for benefits received at the hands of his health-minister, and they cannot better express those thanks practically than by sending their *thank offering* to the homœopathic hospitals and dispensaries, that the poor likewise may benefit by the like means. Health is a *luxury* to the rich; it is a *necessity* to the poor. Health enables *the rich man to enjoy life*; but *to the poor* it is his *daily bread*. The *sick poor* are the *starving poor*; and often, alas! are driven by disease to become *the vicious poor*. How many a rich homœopathic patient has told us that, since adopting homœopathic treatment, he has *saved himself an income* which he formerly paid to his physicians. Is it meet and comely in such a man to button up his breeches-pocket, and to keep both his health and his money? Why can't

THE LONDON HOMŒOPATHIC HOSPITAL.

*he be satisfied with his health and still give his money?* Surely that is a little matter enough to ask a man, and a fair distribution of gains,—You have saved £5 a year—£10 a year—£100 a year, and you have gained health as well; do you mean to keep them both? You willingly paid your £5, £10, or £100 a year to your allopathic doctor for *not curing* you; why should you not give one-half, or one-third, or one-tenth of your health savings to alleviate the poor man, and give him the same blessing you so practically appreciate yourself? There are a number of most liberal and worthy people who do their duty, and more than their duty, in this particular; but thousands upon thousands *take their health and keep their money.* They deserve to *lose their faith* as they have *lost their charity*, and to be handed back again—to be delivered over again—to the pills and the draughts of allopathy.

Before leaving this subject, we must acknowledge the pleasure it has given us to see that the Reserve Fund has received several liberal additions, as follows:—

The Governors of the Society for the Relief				
of Persons Imprisoned for Small Debts... £300 0				
A Friend of Dr. Kidd	...	...	...	50 0
Lady Leighton	...	...	...	50 0
Miss Balfour, by Dr. Quin	...	...	...	50 0
H. Rosher, Esq. (Treasurer)	...	...	...	31 10
				<hr/>
				£481 10

The second want (that of a larger proportion of acute cases) might easily be remedied by associated action on the part of the physicians and surgeons practising homœopathy in the metropolis. Every practitioner must occasionally have it in his power to send acute cases into the Hospital. We think this difficulty might have been met long ago, had the authorities of the Hospital taken a hint which was given them, to *affiliate certain Homœopathic Dispensaries in London and the neighbourhood*, and to receive such acute cases into the Hospital as, having applied to the Dispensaries, were fit objects for in-door treatment. We think that a *great central institution*, occupying

## THE LONDON HOMŒOPATHIC HOSPITAL.

as it were a missionary position in the cause of a new science, ought not to stand in a condition of grand isolation. Means should be taken to create an active interest in its welfare in the minds of every homœopath, medical and lay. We would further suggest that it should be opened as a Free Hospital—that the parochial authorities should be informed that all acute pauper cases who might prefer the homœopathic treatment would be freely admitted into the Hospital without any letters of recommendation, and a yearly contribution from the parish, according to the number of patients so received, should be requested from the parishes to which the patients belonged.

Professional interest should be increased by the appointment of a larger staff of Physicians, two of whom should remain, as at present, permanently appointed, while others should be appointed for three or five years. The title of *Assistant Physicians* and *Assistant Surgeons* ought to be abolished; it is an insult to men whose qualifications in no sense differ from those of the full Physicians and Surgeons. Practically, the Hospital staff suffers from this absurd attempt to *degrade* some of its hardest working members. These men are not *assistants* in the usual sense of the term; they are fully qualified physicians and surgeons, occupying an independent position; and from their number, vacancies in the posts of full Physician and Surgeon ought to be filled up. Men of high professional standing will not accept a position of implied inferiority; hence many of our leading men are excluded from that active participation in the affairs of the Hospital which would greatly enhance its material and medical success.

We also suggest that the Medical Council of the Hospital should have something more than a nominal existence. We have ourselves, for many years, been one of the members of that honorary body, but have never had any intimation that any duties whatever attached to it.

The *election* of medical and surgical officers by the great body of Subscribers is wrong in principle and hurtful in practice. Our leading men will never submit themselves to the fatigues and the chances of a canvass. We believe it would be infinitely

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ON ALBUMINURIA.

more for the success of the Hospital that the appointment of the Staff should be vested in the *Medical Council*, and that this Council should be elected annually by the Subscribers and Governors. All canvassing for the medical or surgical offices, and all promising of votes, should be forbidden.

It would be a great encouragement to our cause were a Professorship of Clinical and Practical Homœopathy, with a fixed salary, established in connexion with our Hospital. If a definite course of evening lectures were annually delivered, open freely to all students and practitioners of medicine, and well advertised in the public prints, a means of instruction much needed would be afforded. We submit these suggestions to the thoughtful consideration of the Patrons, the President and the Board of Management of the Hospital. We do not undervalue the eminent service which the Hospital under its present able Staff has done to the art and science of healing; but we would fain see its usefulness extended and its basis widened. We acknowledge it to be *our brain and spinal cord*; but we wish to see it furnished with a *great sympathetic*.

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## ON ALBUMINURIA.

By Dr. MEYHOFFER, of Nice.

Is albuminuria a primary disease of the kidneys, or are these only secondarily affected?

Since Richard Bright's discovery, so important to pathology, of the presence of albumen in the urine, in certain dropsical affections (1827), pathologists have been preoccupied with this double question. Bright himself inclined evidently to the second interpretation, though he never committed himself by expressing a decided opinion. His successors did not observe the same prudent reserve, but confidently affirmed the first (Christison, &c.), and for about thirty years organicism held absolute sway over all the medical schools. However, as soon as the granular disease of the kidney became known, there were men in

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nearly every country who protested against this exclusive tendency; among whom Spittal\* was the first who insisted on the existence of albuminuria independently of any renal lesion. Barlow professed the same opinion, and Darwal, going still further, considered the cases dependent on degeneration of the kidneys much more seldom than those where albuminous urine is unconnected with any pathological alteration of the urinary glands. Elliotson sees in the general state of health the pre-eminent cause of albuminuria. Graves, again, beholds in the granular kidney the effect of the previous functional disorder; he it was who first described the analogy between this disease and diabetes mellitus. Valentin, Heaton, Malmsten, Canstatt, Eichholtz, Devilliers, Regnaud, Blas, &c., advocated the same views as Elliotson, but while some of them considered an alteration of the blood as the primary cause, others attributed it to a peculiar state of the constitution—a diathesis or cachexia.

While these few wranglers for humoral pathology were struggling unheeded against the all-overpowering current of organicism, other facts came to light, calculated to bring on a revolution in the pathology of albuminuria.

The general introduction of uroscopy as a means of diagnosis, confirmed the transitory presence of albumen in the urine in a great number of diseases. Wade (Birmingham) first observed albuminous urine in diphtheria; Peschier in acute rheumatism. Desir declared albuminuria to be only a symptom of various diseases (1835). A year later Bouillaud adopted the same view, and Martin Solon, who first introduced the term of albuminuria, considered the disappearance of the albumen in the urine in acute diseases as a favourable prognostic of their issue. Rayet, in his classical work (1840), threw much light on

\* Spittal, *Dissertatio de quodam vitio, quod urinae mutatio particularis comitatus*, Edinb., 1832.

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renal affections, as well as on albuminuria in inflammatory processes of other organs.

It is beyond the object of this paper to enter into more historical details; may it suffice to state, that the detection of albumen in the urine, in physiological as well as in nearly all pathological conditions, prepared the minds of those who followed with an unprejudiced eye the progress of science, to accept more readily Darwal and Elliotson's views; or if they did not go so far, they at least hesitated to adopt any exclusive opinion.

The way was therefore now opened to the admission of a diathesis as the primary cause of albuminuria; and notwithstanding the great influence of the *cellular pathology* of the German school, the number of those who discontinued to believe the alteration of the organic structure to be the incipient cause of renal albuminous secretion, daily increased.

But mere affirmations cannot satisfy science, and the doctrine of a diathesis in this question could not exist as long as it was unsupported by unquestionable proofs. These were furnished simultaneously by Parkes and Gubler (1852-53). Both, experimenting independently of each other, demonstrated, from conclusive evidence, the direct influence of alimentation on the absolute quantity of albumen secreted by the kidneys. It was on these experiments that Gubler founded his doctrine of "super-albuminose sanguine," which he expounded in a paper addressed to the Society of Biology of Paris, the 6th of August, 1853. In 1854 Vogel\* professed similar opinions, though he could not have been acquainted with Gubler's manuscript. Pidoux (1855) gave his full adhesion to Gubler's views, throwing at the same time a new light on albuminuria. This eminent pathologist considers the urinary function

\* Handbuch der spec. Pathologie & Therapie redigers v. Virchow, I Vol., page 403.



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not localised merely in the kidneys; he describes its preparatory acts in the nutrition, the muscular action, and the respiration, and concludes that the disorders which accompany the secretion of urine originate simultaneously everywhere in the organism.

These opinions could not fail to exert a great influence in France, supported as they were by men like Gubler and Pidoux; but it was also to be expected that some of those minds, more ardent than cautious, would overstep by speculative theories the reality of this doctrine. This was the case with Jaccoud (1861), who denied, even where it existed, the pathologic alteration of the kidney.

Roubaud, in a communication to the Institut de France, under the title "Identity of origin of Gravel, Diabetes and Albuminuria" (March 27th, 1865), implicitly denies the existence of a primary affection of the kidneys.

Amidst these conflicting opinions one is tempted to ask, "What is truth?" The following considerations will help, I hope, to its elucidation.

*Pathogenesis of Albuminuria.*—There is scarcely an acute febrile disease of any intensity, in which temporary albuminuria has not been observed, and many chronic diseases are accompanied by it.

As to which are the functional or anatomical alterations determining this symptom, physiology alone can guide us.

Albuminuria is essentially a disorder of the urinary secretion; and in every secretion, the organ which accomplishes it, as well as the fluids to be modified by it, is to be considered. It follows, therefore, that the characteristic admixture of albumen in the urine is dependent on a particular condition of the kidneys or the blood, as concurrent with the one and the other. The nervous system also increases its influence, though indirectly, either on the fluids or solids.

The secreting organs are not only of a special structure,

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but also of special excitability; thus it becomes a matter of course that an anomalous function like the filtration of albumen must induce an alteration in those two conditions of the kidney, and that necessarily the urinary gland must present, during the passage of the albumen, sensible changes in its anatomical disposition.

The blood is the source of products separated or modified by the glands; these segregate and metamorphose certain aliments destined to new formation, or serve as expulsoiry organs to refuse matters. The elements of the first order are the real stimulants of the hæmatopoëtic glands; the superfluous principles are the excitants of the excretory glands: according to Fournier and Segalas, urea is one of the best diuretics. As the urine constitutes the principal secretion of effete matters, the anomalous appearance of albumen therein announces the superfluity, if not the nocent quality of this eliminated protein compound.

Albuminuria can be produced by an artificial increase of albumen in the serum of the blood. Claude Bernard proved this by injecting into the veins of dogs a solution of white of egg, after which albumen immediately appeared in the urine. He repeated the experiment with the serum of blood, and with the same result. Mialhe, Schiff, Stovis and Pavey continued these experiments, and always produced albuminuria by injecting the white of egg in milk.

Rich nitrogenous nutrition causes also albuminuria. Cl. Bernard says in one of his lectures, that having eaten several hard-boiled eggs, his urine became albuminous: the same effect was observed by Barreswill. Brown-Sequard, Tessier and Hammond experimented in this way on themselves, and observed that five or six days of exclusively nitrogenous food produced albuminous urine. The same observations have been made on mammiferous animals.

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The influence of albuminous food is more constant, and at the same time more fatal, on individuals in whom a morbid disposition creates the danger of albuminuria, or where this latter already exists. Gubler relates a case where the *urina cibi* was always albuminous as compared with that of the blood; he observed the same fact on several patients in the hospital. While Gubler (1852-53) was pursuing and collecting these observations, Parkes in London pursued the same experiments; each of them, without knowing the experiments of the other, arrived at the same conclusions, which were moreover a few years later (1857) corroborated by Luton and Pavey. Becquerel and Rodier, in their researches on blood, observed constantly, in plethora, the serum to be very rich in albumen, and of high specific gravity (mean, 1028.4).\* Popp found the highest specific gravity of the serum of the blood in a case of plethora; and Vogel says, "The conclusion seems justified, that any important increase of albumen in the blood increases the mass of the serum."

"Many reasons tend to confirm that hyperalbuminosis in the organism has a tendency to albuminous excretions in form of albuminuria, eczema, impetigo, or mucous albuminous secretions of the mucous membranes."

Gubler's investigations on the influence of alimentation on albuminuria are the more conclusive, as he did not restrict himself to cases of Bright's disease, but observed the effect of nitrogenous diet in albuminuria accompanying gouty, tuberculous, consumptive and symptomatic affections of the heart. His analyses of the *urina sanguinis* and *urina cibi*, conducted with all the minutiae of exact science, have proved the increase of albumen after meals

\* Hassal, in *The Urine in Health and Disease*, is evidently in error in stating the ranges of specific gravity of the blood-serum to be 1029-1031. Page 309.

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to be absolute and not merely relative to a greater or lesser quantity of urine.

While thus a nitrogenous nutrition turns out to be a source of *hyperalbuminosis*, the same often results also from *peripheric resorption* of abundant albumino-fibrinous effusions. Bouillaud first detected albuminuria during the resorption of pleuritic effusion; and since the attention has been drawn to the subject, observations to the same purport become daily more numerous. Gubler describes a particular state of the muscles consecutive on acute diseases under the name of *paralysie amyotrophique*, characterised by great wasting of the muscular substance, accompanied by albuminuria; which latter he explains by the excess of protein compounds introduced into the circulation.

The doctrine that an excess of albumen in the serum of the blood is the primary cause of albuminuria, is too contradictory to the generally accredited opinion (according to which the reverse is the case), not to necessitate some explanation.

This opinion, it is but fair to confess, owes its existence to very superficial statements.

Analyses of the serum of the blood, with a view to determine the quantity of albumen, have been made only in few cases of either acute or chronic morbus Brightii, while the same researches have been entirely neglected in the numerous acute affections where albumen temporarily appears in the renal secretion. Now in severe pneumonia the quantity of albumen increases with the fibrine. (Gubler.)

The analyses of Becquerel and Vernois of the blood in six cases of acute albuminous nephritis, though they seem at a first view to confirm a diminution of albumen, a more close investigation will give quite a different result. We find, indeed, the solid materials of the serum, of which

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albumen is a component part, diminished; being only 65·35 per 1000 instead of 70, the normal average, according to Andral and Gavarret. But if the blood of these patients is poor in albumen, it is still more so in cruor, as the figure of the globules of blood was but 95·25 in lieu of 127 in the mean: if the albumen had diminished in proportion to the globules, its amount would have been 52·50, whereas it really exceeds the cruor by one-fifth. The import to be deduced from these researches is impoverishment of the blood; and the diminution of albumen cannot therefore be urged seriously (Christison) as a characteristic alteration of Bright's disease, nor as *proxima causa* of the dropsical symptoms,—else, wherever this state of blood exists, the same consequences must be the result, which we all know is not the case.

Becquerel and Vernois found the amount of globules only to be 90·78 in a case of chronic granular kidney, and the solid residue of the serum 63·22; in another, of acute albuminuria, the solid substances of the serum (71·27) were nearly equal in quantity to that of the cruor (76·95). If these figures are compared with those of the normal state of the blood, the disproportion between these its constituent parts will at once convince one of the relative predominance of the albumen. This disparity proves at the same time a loss of the equilibrium between the production of the blood-corpuscles and the contribution of albuminous compounds. Another fact from the same source will give still more evidence to this functional disharmony. An albuminuric patient was bled twice successively; the result was:—

First bleeding . . . .	Globules, 112·08	..	Solid subst. of serum, 63·92
Second bleeding ..	..	93·37	.. .. 60·93

This shews that there was no reparation of the globules, while the albumen maintained nearly the same proportion,

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notwithstanding its incessant deperdition through the kidneys.

These indications may suffice to establish the prevalence of albumen in the blood of those affected with albuminuria. It would be beyond the compass of this paper to enter into more minute details; still, to give our arguments more force, we cannot avoid entering on a few considerations as to its sources.

The albuminous tissues of the organism are reconstituted only by the ingestion of nitrogenous food. By assimilation the latter is transformed into organic structure, taking its active part in the process of life, till it is by continual oxydation disintegrated, consumed, reduced into effete matters, and ejected. If the supply of reconstitutive elements is larger than their consumption, or by insufficiency of provision the combustion being too active, the consequence in both cases will be a prevalence of albumen in the blood; the result will be the same in a normal condition of the latter, by diminished employ of the albumen.

The albumen, after being converted into albuminose (peptone), passes into the vena portæ, to be transmitted from thence to the liver, where a part of it remains to give place by isomeric catalysis to the glucogen substance. The rest is introduced into the circulatory centre, traverses the lungs, and reaches, by the arterial capillaries, every organ of the economy to the reparation of which it is destined. From thence, after having accomplished its temporary purpose, it is again carried into the vascular system, either in the form of proteine compounds by a chemical process analogous to that of digestion, or, radically altered, it enters the series of simpler molecular compounds approaching nearer to inorganic combinations, to undergo its final metamorphosis, and then to be burnt and eliminated. Thus albumen, besides being the most excellent plastic element, furnishes also materials to respiratory combustion.

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Let it be now supposed that, *cæteris paribus*, 20 ounces of albuminous nourishment are sufficient to supply the wants of a healthy organism, it will thus be evident that one part of it becomes superfluous as soon as one of the organic functions is injured or suppressed; should the reproduction of the globules of the blood or the nutrition of the tissues be impeded, the consequence will be that a certain amount of albumen is out of employ: functional disorder of the liver preventing the production of glucogen substance, or obstacles to the respiratory combustion, will cause an overcharge of albumen in the blood.

Prout, Dumas, Liebig and Robin have clearly shewn in their works the influence of regenerative disorders of the blood on albuminuria. While in animals of the superior order the albumen is consumed in the capillaries, and eliminated in form of urea, those of cold blood discharge a naturally albuminous urine, the respiratory combustion being insufficient to the oxydation of the proteine compounds.

According to Robin, albuminuria recognises the same origin in all affections where dyspnœa is one of the prominent symptoms. That the anomalous function of the liver takes a most important part in the production of this morbid phenomenon, has not only been proved by experiments (Pavy, Cl. Bernard), but also by clinical facts, as we shall have occasion to see.

From these considerations it results, then, that albuminuria is most frequently determined by an excess of albumen in the blood, relative to its globules and to the expenditure of the organism in protein compounds.

This definition differs widely from that originally held, that the kidneys were almost exclusively the primary cause of albuminous urine; but is the opinion of those more correct, who assert that the degenerated kidney always is a secondary lesion? Is there no possibility of a

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primary renal affection, reflecting itself from thence on the whole system?

According to the experiments of Claude Bernard, it is evident that the kidneys are not merely a mechanical filter. The new light he threw on the influence of the vaso-motor nerves on the salivary as well as on the renal secretion by the intermediate capillary system, proves that the congestion of the organ is in direct proportion to the quantity of secretion; a paralytic condition of the sympathetic nerve, supplying the kidneys, may therefore become the initiatory cause of the passage of albumen into the secretions of these glands. But the nature of the liquid to be secreted is not without influence on the offering of blood to the organ; the dilatation, *i.e.* congestion of the capillaries is doubled when they have to separate non-constituent parts of the normal secretion (albumen, sugar, &c.). Hyperalbuminosis can exist without albuminuria, as has been proved by the experiments of Jaccoud and others; it can only take place under modifications of the renal capillaries which favour the passage of albumen. It will suffice to cast a glance on the character presented by albuminous urine in acute Bright's disease, in order to draw the induction, that active congestion of the kidneys, with frequent vascular rupture, is the proximate condition of this modification of the urinary secretion.

Post mortem examinations fully confirm this view; as hence we find: hyperæmia, congestion, inflammatory modifications of the histologic elements, and softening of the tissue of the kidney; plastic exudation, formation of embryonary connective tissue; and then, later, partial organisation (granulation), retraction, obliteration, alteration of form, and atrophy of the organ.

Frequently, every trace of congestion has disappeared, either in the post mortem collapse, or else at the moment of death there existed no longer any capillary turgescence;



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but still there are to be found the alterations peculiar to structure and function of the morphologic elements, in the region formerly occupied by the inflammatory process.

As albumen cannot be excreted by the kidneys without active congestion or nutritive excitement, it is easy to be conceived that, under the influence of auxiliary circumstances, such as cold, and congestive tendency created by fever, these functional phenomena overstep the physiological limits, and enter into the phase of inflammation. Once launched in this pathologic direction, they continue the excretion of albumen on their own account, and in a much larger proportion than is consistent with the physiological balance, and in a relatively short time a normal condition of blood or hyperalbuminosis is thus superseded by anæmia.

The kidneys take, therefore, under certain circumstances, a considerable part in the etiology of albuminuria, and may be more often the initiative cause, as is generally admitted.

Another and very frequent cause of albuminuria is the *hydrostatic pressure* of the blood.

Robinson, Traube, Gall, &c., have proved experimentally, that when the lateral pressure in the vascular system exceeds a certain amount—as yet unknown—it is constantly followed by the presence of albumen in the urine. It is therefore a frequent symptom in cardiac or vascular affections.

In resuming the most proximate causes of albuminuria, we find that hyperalbuminosis favours an inflammatory tendency of the kidneys, and determines by the intermediary of their organic alteration the passage of albumen in the urinary secretion.

The predisposition of the kidney to resent irritating impressions, its particular structure, the quantity of albumen in circulation, are conditions which, according to

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their peculiar value, favour more or less the production of the phenomenon.

Finally, impediments in the circulation are productive of the same symptom.

These causes, however, are in their turn dependent on other pathogenetic conditions, which we have yet to consider.

Nitrogenous, and particularly albuminous nourishment may be productive of hyperalbuminosis, by incomplete elaboration of the proteine substances in the alimentary canal, which would prevent their final assimilation; functional relaxation of the liver, by which the transformation of the albuminous compounds into glucose is either impeded or suspended; exaggerated disassociation and resorption of the tissues (Gubler's amyatrophy), and insufficient respiratory combustion, will also conduce to the same result. But each of these morbid elements belongs to various nosologic conditions which may be considered as the remote causes of albuminuria, such as functional disorders of the digestive apparatus, certain forms of chlorosis, erysipelas, pneumonia, atrophy of the liver, cardiac affections, lesions and obstructions in the respiratory organs. Hyperalbuminosis has been equally observed after rapid resorption of large pleuritic effusions, as well as after the suppression of important secretions, viz., cutaneous perspiration, menses, lactation, and the repercussion of acute exanthemata.

Several *miasms* manifest a special tendency to favour the passage of albumen into the renal secretion; this is the case with that of scarlatina, diphtheria, typhoid fever, cholera, and the virus of glanders (*malleus humidus et farcimosus*).

*Individual conditions* predispose in greater or lesser degree to albuminuria; such are a lymphatic temperament, weak constitution, strumous or tuberculous dia-

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thesis. Men bent on good living with no compensatory muscular exercise, or any kind of excess, of gouty disposition, or those exposed to cold and wet, furnish numerous victims to Bright's disease. Pregnancy, among other accidents, is for women a frequent source of albuminuria, often in a serious degree.

*Age.*—Nephritis albuminosa is more common in adults than in youth or old age. This is, however, no exclusive rule. We observed in the hospitals for infants in Prague and Vienna several cases of primary nephritis; and two years ago I had under my care an English lad 17 years old, in whom the quantity of albumen, the cylindrical casts, the absence of any other disease—anterior or present—established the diagnosis beyond doubt.

Secondary albuminuria, though frequent in croup and scarlatina, is, according to Gubler and Martel, as seldom observed in children as Bright's disease. In admitting the correctness of this statement by these observers, we must however vindicate an exception to this rule in diphtheria: in 23 cases of diphtheria we detected the presence of albumen in the urine of 6 patients, 5 of whom were children\*; in one of them cramp was threatening, in a second the larynx was already invaded by the exudation, the three others were free from any affection of the wind-pipe, the sixth was a young woman.\*

*Cosmical causes.*—The circumstances which favour the production of diathetic temperaments and affections from which albuminuria might be derived, must be considered as indirect causes of morbus Brightii. Thus cold and damp, so pathogenetic of inflammation and lymphatism, of scrofulosis and tuberculosis, is none the less so in this disease. Also statistics establish nephritis albuminosa to be beyond comparison more frequent in northern climates

\* Angina diphtheritica. *Zeitschrift für homœopath. Klinik*, 1862, No. 21.

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than in southern ones. This cause, however, is not so simple; the low temperature of the north acts not only as a subtractor of caloric on the human frame, but incites man also to the abuse of alcoholic liquors, which in their turn are well known to be the frequent cause of granulated kidney.

Albuminuria is thus a product of several agents: hyperalbuminosis of the blood, alterations of the parenchyma of the kidneys, and intravascular pressure. One of these causes will generally not determine by itself the passage of albumen into the urine, without the help of one other or of all three together; congestion, in some degree, is always necessary to the exudation of albumen; inflammation alone will cause the spontaneous exudation of an albuminous or albumino-fibrinous serosity. Though it will not be necessary to establish, from the clinical point of view, a differential diagnosis according to the cause which may have determined it, it will nevertheless be possible, in the great variety of diseases, to class most of them under the three most important pathogenetic conditions, viz., 1°. Predominating quantity of albumen in the blood; 2°. Predominating vascular pressure; 3°. Special affections of the kidneys.

Under the first head we may range temporary albuminuria, and even Bright's disease itself in its commencement. Under the second thrombosis, compression of the veins between the kidneys and the circulatory centre, organic lesions of the heart. The third comprises albuminuria consecutive on cold, sudden repercussion of perspiration and exanthemata, acute toxic influences, or other septic or virulent poisons, and hereditary or acquired diatheses. Still there remain a good many cases of albuminuria of uncertain origin accompanying nervous affections, cramp, and other diseases of the respiratory organs, which might find their place under each of these divisions.

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There is still a question for elucidation, on which science gives as yet no satisfactory answer, which is: Has the special nature of albumen in the blood any connection with its extrusion through the kidneys?

We have already mentioned the divers influences exerted by nitrogenous and exclusively albuminous food on albuminuria.

The experiments of Parkes, Gubler, Schiff, Mialhe and Stovis manifest a great difference in the secretion of albumen in the urine, according to the various species of this proteine substance introduced into the organism. The white of egg injected into the blood produces invariably albuminuria, while the albumen of the serum does not pass always into the urine.

Pavy has succeeded to determine the extrusion of albumen through the kidneys by injecting milk or gelatine into the veins. In these cases it is not the albumen introduced into the blood which is expelled by the emunctories, but that which was pre-existent there; thence it is evident that these proteine compounds being able to take the place of albumen in its respiratory, nutritive and plastic functions, rendered the latter partly superfluous.

From these observations it results that, *cæteribus paribus*, those albuminous substances which are the most liable to immediate assimilation, cause the passage of albumen into the renal secretion, in a minor degree, than pure albumen, the least homogeneous, directly useful or destructible of all the proteine compounds. This is, moreover, concordant with the laws of dialysis or diffusion. Graham (*Dialysis or Liquid Diffusion applied to Analysis*), Funke and Pavy have proved that the diasmatic faculty of the albumen increases in direct proportion to its transformation into albuminose or peptone; thus it follows that white of egg, being the least diffusible, will, introduced into the blood, determine the diffusion of the

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pre-existent albumen. A certain molecular condition of the albumen seems therefore to favour its issue through the Malpighian glomerules and the initiative tubuli uriniferi. There is some reason to believe that the more remote cause of this is an insufficient conversion of albumen into peptone by the digestive process. An increase or diminution of the neutral salts in the blood must necessarily also influence the diffusion of the serum and its contents. However, the researches on this subject are very far from being concluded, and for the moment there exist more suppositions than it would be advisable to discuss in this place.

*(To be continued).*

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**ALCOHOL : ITS ACTION AND USE IN RELATION TO THE HUMAN FRAME.**

By THOMAS HAYLE, M.D., &c.

*(Read before the Northern Homœopathic Medical Association,  
May 11th, 1866.)*

*(Concluded from page 432.)*

Dr. Monroe, in his excellent but rather one-sided essay on the Physiological Action of Alcohol, says, "There can be no doubt that when the liquor sanguinis becomes surcharged with alcohol, either by imbibition of small quantities daily or by a large quantity suddenly, the blood-corpuscles swimming in it not only become affected, but also the liquor sanguinis itself suffers deterioration;" and he quotes Professor Schultz as stating "that alcohol stimulates the blood-disks to an increased and unnatural contraction, which hurries them on to the last stage of development,—that is, induces their premature decay and death. The colouring matter is dissolved out of them, and the blood-discs lose all their vitality; whence less oxygen can be absorbed and less carbon carried out."

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This devitalized condition of the nutritive fluid, he goes on to add, is probably the first step to the devitalization of the tissue which it feeds. It is also known to coagulate the albumen wherever it meets it. Whether it produces these pernicious effects on the animal fluids merely by its attraction for water, or by that and its direct action as an irritant, is unimportant to the argument. It is obviously a chemical agent of very great power; admitted by its power of mixing freely with the blood into the very penetralia of the system, and thus capable of perverting or even of destroying the vital forces throughout the whole system.

If I am right as to my facts, and my reasoning is correct, alcohol cannot be used homœopathically—that is, specifically and dynamically—in either large or small doses; and no exception to Hahnemann's law, that doses of homœopathic medicines ought to be small, occurs in its instance.

I must admit, however, that small doses of alcohol are sometimes of service; not, of course, doses of attenuations, but comparatively small doses. Thus, for instance, Romberg in his *Clinique* says he has cured (?) atrophiea lactantium by five to ten drops of Tokay, thrice a day. Anstie recommends small doses of alcohol in rheumatic pericarditis, epilepsy, and convulsions from teething. Indeed, I have myself seen the prostration and stupor following such fits much and markedly relieved by merely moistening the lips of the infant with Carlowitz. Anstie also speaks in the following terms: "The very tremors which have been caused by narcotic doses of alcohol are often relievable by means of small doses of the same agent." This last instance is certainly isopathic; but all of those above stated would appear to be cases in which small doses of an irritant or diffusible stimulus quiets morbid action by general but not specific action. It is fair to conclude that

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the action is general, for the doses, though small, present physical properties. High attenuations would not do : when these act, we may be sure that the action is specific—that is, acts on particular nervous centres, and this homœopathically.

But small doses of alcohol are the exception, not the rule ; and the common practice is to administer it largely—from half a bottle to three of wine a day, and from 4 oz. of brandy to 24 or 30, or even 48, in the same time ; this, of course, in divided doses. When practitioners profess to have a rule, they say they give it whenever there is weakness or exhaustion ; or when there is no appetite, instead of food. But many give it in all cases, without exception, and recommend it pretty freely, both in health and disease. The general practice is to give it frequently, in small doses ; for, says Dr. Brinton, the Physician to the Royal Free Hospital, the smallness and frequency of the dose in which the stimulus is administered are equally important ; for it makes every difference to the patient whether his exhausted system is sustained by minute doses of alcohol every hour or half-hour, or partially intoxicated three or four times a day. In the latter case, the reaction between each of the separate doses sometimes places him in a far worse position than if no stimulus whatever had been given.—*Lancet*, Dec. 17 and 24, 1853. On the contrary, says Dr. Suckley, Medical Director of the Federal Army, "Small spoonfuls, frequently repeated, very soon become repulsive. Heroic doses, at longer intervals, are far better. For example, a small wineglass of milk punch, administered every fifteen or twenty minutes, scarcely stimulates, and but feebly revives. On the contrary, a tumblerful, as near as practicable, given say once in two hours, rouses the whole nervous system."

I do not wish to push such a discrepance as this further than I legitimately may ; but when we meet with such



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different opinions with regard to the mode of administering such a powerful agent, we are compelled to suspend our judgment. One of the parties must be wrong ; and the suspicion is excited, from the loose way in which "rousing" and "sustaining" the system is talked about, that both are ; or, at least, that both are acting on mere hypothesis, rather than on the results of careful observation. This doubt is confirmed, when we find that Dr. Todd, the great advocate of the heroic administration of brandy in fever, loses 25 per cent. of his cases, while Dr. Gairdner, who gives stimulants in only one-twentieth of his cases, and hardly at all in young cases, loses only 11.93 ; and practitioners in other hospitals, it is to be suspected, in proportion to the amount of stimulation, from 16 to 20 per cent. Dr. Gairdner's average is drawn from 595 cases. Out of 189 cases, unselected, of young people, where stimulants were hardly given at all, the rate was hardly 1 per cent. ; of Dr. Todd's similar cases, 17 per cent. ; in other hospitals, the rate ranged from 3 to 6 per cent.

Dr. Gairdner expresses himself, in conclusion, in terms which are deserving attentive consideration :—"The only question with me is, how to secure the advantages of a 'supporting' system, without at the same time running the risk of poisoning the blood with repeated doses of alcohol, given without due observation of the effect of each dose, and so as to interfere with the real nutrition of the system, rather than to promote it. That all routine methods of administration lead to this abuse, I have satisfied myself by careful observation, both of my own practice and that of others whom I have met in consultation and otherwise ; and believing as I do that such a tendency to excess exists, I venture to ask the assistance of my medical brethren towards a fair and calm consideration of this great question."

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It is true that Dr. Macnamara, Dr. Todd's clinical clerk for the time being, has published an account of 18 cases in which there was only one death, and in which the beneficial effects of large doses of brandy were, I must admit, very striking. The cases were very severe. But when we meet with such a high per centage as 25 in a large number of cases treated similarly, we are obliged to consider these 18 exceptional. Dr. Anstie, in his very able work on Stimulants and Narcotics, which is worthy the attentive perusal of every medical man, has certainly detailed a number of cases of a very grave character, which did well treated with large doses of alcohol. Among these cases we find rheumatic pericarditis, pneumonia, and pleurisy. The patients recovered, he says, with very little emaciation.

A bottle of brandy was given in two hours, in a case of flooding, without the slightest inebriety being induced; in erysipelas and typhoid fever, large doses of brandy were given, with the effect of removing delirium.

It is upon the evidence of facts like these that the practice of giving alcoholic stimulants in fevers, inflammations, and after severe operations, has become as general as it appears to have done. I was told of an instance where a distinguished surgeon, after performing a severe operation, told the medical attendant to make the patient drunk and keep him drunk for a fortnight. I believe the directions were faithfully carried out, for I heard of delirium, and hiccough, and sudden faintings, which I verily believe would never have occurred but for the treatment. In justification of the practice, it is said that when on the remonstrances of the patient the stimulants were discontinued, the discharge, before healthy and copious, suddenly stopped, and a renewal of the stimulation was unavoidable. This I should have thought ought to have been a warning to back out of a scrape, not an induce-

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ment to plunge deeper in. If flagging after excitement is to be always a reason for more, there will in most cases be no rest but the grave. But I have gone into this question further on.

I must confess I cannot but consider the favourable cases published as exceptional, and believe that a comparison extending over large numbers would fix results even more unfavourable to the general use of alcohol than were Dr. Gairdner's. The drawbacks and risks attending the practice have not escaped the notice of observers. Dr. Tweedie, for instance, says : " I have certainly seen intercurrent inflammations materially aggravated by the injudicious stimulation adopted, and on more than one occasion all the ordinary characters of acute delirium tremens."

I am inclined to view the general use of alcoholic stimulants in disease with grave suspicion. It rests mainly on the idea that alcohol supports the strength. Its occasional use, under circumstances of fatigue and exhaustion, certainly rouses and sustains the system ; but I do not consider its continued use in large quantities, and for weeks together, a proved advantage. On the contrary, its proved injurious influence on the sanguification, as above mentioned, must under such circumstances be developed. And when once the idea of its being a supporting agent has got possession of the mind, any flagging of the vital powers under its use is sure to be considered, not a sign of injury done, but insufficient quantity exhibited,—and more, and ever more is exhibited ; just as when the opposite fashion of repeated bleedings, so justly exploded by Marshall Hall, was in vogue, the rise of the pulse after a bleeding was always met by another bleeding ; and people were bled to death just because the system persisted in protesting against the practice.

It is this tendency in case of failure not to question the

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soundness of the idea, but the sufficiency of the means to carry it out, that has ever led to extremes in practice; and some men now speak with complacency of the extent to which they have pushed stimulation, just as when I was at college they did about bleeding to fainting, whatever the quantity required to be abstracted for the purpose, and their unscrupulousness in repeating the process until the disease—or shall we say, the patient—was destroyed; then they would say, in spite of all this the patient succumbed.

Independently, however, of the fact that what statistics I have met with—and I may add, my own experience—seem to bear against the practice; independently, too, of the probability that the moving forces of the practice are those of the *facilis descensus* of routine and of preconceived notions, the daily ingestion for weeks together of a large quantity of a fluid possessed of chemical qualities eminently injurious to all organised and living tissues, must, it seems to me, do harm. The formation of the blood-globules must be impeded, the constitution of the liquor sanguinis deteriorated, such nourishment of the tissues as can under the circumstances take place obstructed, and the mental faculties impaired. But the advocates of the practice maintain that in cases of recovery there is but little emaciation, and a very rapid recovery of strength; and the conclusion is hence drawn, that alcohol must in these cases act as food, for nothing else has been taken. In support of this conclusion, Dr. Anstie quotes a number of cases, some from his own observation and some from that of others, in which the system was supported almost entirely on alcohol, sometimes for years together. He admits, however, their exceptional character; nor is there one of these stated which could be considered healthy. \

To this I would answer, that if alcohol under certain

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exceptional circumstances be food, it is very bad food ; and I am sure that vigorous health—by which I mean the full possession and exercise of all the faculties of the frame, high as well as low—cannot be maintained, if much of this food is constantly taken in addition to the ordinary diet.

It is certainly astonishing how much of this substance, however, can be taken in fever, and during fatigue after muscular 'exertion, and after loss of blood, without producing its ordinary intoxicating effects ; and in cases of excessive fatigue, with the most pleasurable sensations of comfort and enjoyment. Even under these circumstances, however, I should say it is better to take little rather than much ; for it is not wise to mistake tolerance for impunity. When the nerves are enfeebled, powerful irritants may be conveyed into the system without much, if any, disturbance ; and we all know how easy it is to habituate the system to the reception of noxious agents, as far as blunting its perceptions go, without preventing their deadly effects in the sphere of the vital processes lying beyond the limits of our consciousness. Yes, there are states in which alcohol may be tolerated almost *ad libitum*, and consciousness remain unaffected, until it becomes clouded in death ; and those who are in the habit of administering stimulants freely in diseases, are familiar with the fact. Tolerance is not impunity ; on the contrary, the fact is, the danger is in proportion to the tolerance. The entrance to our physical hells has its Cerberus, who, once sopped, a tolerance of evils truly infernal may be established to an immense extent. It is owing to this that the greater part of our race pass at least the latter half of their existence in a state of chronic disease, with the physical avenues to the light and love ever seeking an entrance into the consciousness of man closed, and wisdom at all entrances quite shut out.

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It appears to me that alcohol must be in its primary action a stimulant. I cannot otherwise account for its power of suddenly rousing the system when it is in a state of collapse. I have known persons, who appeared on the point of departing, recalled by brandy, the action of which, on their return to consciousness, they compared to that of the electric spark. When given in large doses, however, it is ultimately sedative and narcotic; for by over-stimulating it overwhelms the vital reaction, and paralyses.

One would have thought that a smaller dose would be necessary to overwhelm the nervous reaction when the system is depressed than when it is in full vigour; but the contrary is the case. The lower the vital energy, the larger the dose of alcohol that can be borne without any appearance of excitement or disturbance of reason. The system in such a case requires a great deal of rousing to bring it up to par. The same amount of stimulation, when the system is at par, would overbalance the vital reaction, and paralyse. There would appear to be two kinds of paralysis, one from over stimulation and one from defective. The dilatation of vessels after division of their proper nerves is an instance of the latter kind, as perhaps the dilatation of vessels with the effect of determination of blood to parts where increased growth is going on—as, for instance, in the growth of the stag's horn—or of organs liable to temporary activity is of the former kind. Alcohol, in states approaching paralysis from want of excitement, tends to rouse the system to its normal state, and appears to do good—it may be temporary good only; whereas, where it is given in paralysis of the opposite kind, or even in states of healthy equilibrium, it does simple mischief,—and this when given in a much smaller dose than in the other case. This hypo-

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thesis appears to accord with the facts, and with the supposition that alcohol is a stimulant.\*

Dr. Anstie uses the term "stimulant" as we do the term "curative," and restricts it to cases where a debilitated part is roused to a permanent normal action. He considers the very substances which in these states thus stimulate, as pure sedatives or narcotics when given in healthy or normal states ; and the more so, the larger the dose given. It is not easy to see how a pure sedative can become a stimulant in a depressed state. We may answer, because it is homœopathic in the case. True ; but this does not solve the difficulty. And indeed it is only apparently homœopathic, not really so. The important feature of homœopathic action, that the curative action is brought about by a very small dose, is wanting. The contrary is the case. A large dose—and sometimes an excessively large dose—is required to produce the effects. Hahnemann's opinion was that in such cases it acts antipathically ; and he condemns the practice, on the ground that the permanent and abiding consequence of the temporary excitement is the increase of the weakness attempted to be removed. The force of his observations would be weakened, if it could be proved, as I think it can, that

\* The whole subject of stimulation requires scientific examination ; the facts must be cleared up, and terms of logical precision used. At the first glance, indeed, it appears to me that stimulants ought to be resolved into two great classes : stimulants from above, or stimulants such as vital fluids acting on appropriate organs—light on the eye, aerial vibration on the ear, galvanism on the nerves, an unknown fluid whose vibration sets thinking a-going in the brain, and others which excite the whole host of feelings and emotions ; and stimulants from below—substances which supply the waste of organs—the so-called foods. And what class do homœopathic agents belong to ? Arsenic seems to act as a food to the ganglions supporting nutrition.—But all this is merely by way of suggestion, and in passing.

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besides its antipathic stimulating action, alcohol possesses some nutritive power of a peculiar kind. Dr. Anstie's observations in the following extract are worthy of serious consideration; and if his work had had no other result than that of casting grave doubt on the old doctrine of action being equal to reaction, of excitement being necessarily followed by a corresponding amount of depression, as if the nervous system were merely an elastic medium, which always gave back as good as it got, and on a disturbance of its equilibrium always exhibited opposites in alternation;—if it had done no more than this, it would have been a valuable contribution to medical science. Hahnemann's writings are full of reasonings founded on this old doctrine, now so questionable; and his arguments so founded should therefore be taken with considerable qualification. The passage alluded to is as follows :—

“The one important difference which really does exist between stimulant drugs and the substances ordinarily called food is, that the former make no considerable positive increment to the bulk of the tissues. But as we have said before, life is not growth nor change merely, nor do we know at all accurately what the conditions are under which it may be maintained. We know that, in ordinary circumstances, human life cannot be supported without food of a certain quantity and quality; but we are by no means certainly informed whether this is always the case, as will be evident from the facts already mentioned as to the effects of coca and opium, and still more from those to be related hereafter as to the habits of some alcohol drinkers. Reflecting on the latter especially, as more within our own immediate observation in this country, it is difficult to avoid the conclusion that the word “food” requires to have a more extended significance accorded to it than is usually given, and that we must learn to think it possible that circumstances may alter the conditions of life far more extensively than is allowed in ordinary physiological treatises.”



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These observations are amply borne out by the facts recorded in Dr. Anstie's treatise. Though alcohol has been found in the different tissues and excretions, yet only a small proportion of the whole quantity taken has been accounted for in this way. The conclusions of MM. Lallemand and Perrier appear to me to have been completely invalidated by the experiments of Baudot and of Dr. Anstie, which conclusively show that the great bulk of the alcohol taken into the system is retained in it, and though a certain proportion has been found in the tissues a short time after it has been received, no experiments exist to show that it remains in them unaltered for any length of time ; and even should this be the case, the proportion found will probably be but small compared with the whole quantity taken.

Now what these considerations show to be possible, if not probable, the cases on record of life having been sustained for years almost exclusively on alcohol, prove to be undeniably true. Alcohol, therefore, is food ; but when taken in large quantities, as I have before said, bad food. But the same may be said of any other article of diet, when pushed beyond its legitimate proportion to the wants of the system. The arguments of the advocates for total abstinence are all based on the effects of excess in the use of alcohol. The morbid effects on the system and its tissues are only produced by large and long continued doses of this agent ; and nothing yet urged against it touches its use in small quantities and on proper occasions. There would appear to be brain foods, and spinal-marrow foods, and nervous-centre foods, as well as stomach foods. Among these I would class alcohol, tea, coffee, tobacco, opium, coca ; and their abuse furnishes no better argument against their use, than gluttony does against the practice of moderate eating. It is true there is a peculiar fascination in the relief afforded by these substances,

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which leads on weak natures to excess ; abstinence is not the proper remedy for this, but self-command,—otherwise it were better to cease to live, in order to avoid temptation. Let these substances be used carefully and circumspectly, not as ends but as means, and they feed the vital energies, support the system under circumstances of privation, fatigue and exhaustion, increase our powers of self-command by raising the brain above the tyranny of reflex actions, and fit us for performing our parts in life with equability and energy. Push them beyond this, their legitimate use,—make them ends instead of means, and they imprison the man within himself, make him the victim of subjective states, isolate him from his fellows, and shut him out from that feast of reason and flow of soul which the all-bounteous Father has provided as a means of intercommunion and mutual goodwill and kind offices for all his children.

I have now, Gentlemen, laid before you a succession of thoughts as they have presented themselves to my mind while examining this important question. I have brought my grist to the mill, and hope to derive advantage from the remarks which will be made during the discussion of the subject by the members present. It merely remains briefly to sum up my conclusions as to the action and use of alcohol. I consider, then, that it acts in many cases as food—as special food—not to be supplied by any other kind of food which shall act so rapidly and so efficiently. I allude to cases in which there has been a great expenditure of muscular force and muscular material—protracted walking, protracted muscular exertion of any kind, by which great weariness and exhaustion have been produced. In these cases alcohol seems to lose its exciting and intoxicating effects, and to produce that pleasurable satisfaction which a good dinner affords to a hungry man. In such cases it is often abso-

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lutely necessary for the production of sleep; many nervous persons could not sleep in such circumstances without having recourse to it.

Now, if in these extreme cases its use is so markedly beneficial, and in many cases almost absolutely indispensable, it stands to reason that in the slighter cases of fatigue occurring in the every-day wear and tear of ordinary life, a small quantity is advantageous, and in some slight degree called for by the wants of the system. It does not seem to me to do well after mental labour—the waste from that cause does not seem to be repaired by it; indeed, it is positively injurious. Tobacco suits this case better; but in much smaller quantities, I think, than ordinarily taken, which require an apprenticeship before they can be tolerated.

The effects of long exposure to severe cold are best met by the gradual admission of heat; but small doses of alcohol are of use, in order to excite the circulation. Camphor is, to say the least, however, as useful. During the exposure to cold, alcohol is, it appears to me, positively prejudicial. Sharp exercise meets the case best; the fatigue consequent on which is of course, like any other muscular fatigue, relieved by alcohol. The habit of body, however, induced by the moderate use of alcohol in general, and of malt liquors especially, tends to the increase of the animal heat, and thus to induce comfort under exposure to cold.

As a general rule in debilitating diseases, where there is little appetite and much waste, alcohol is, in small doses, useful. I say small doses; for its long continued use in large doses, however well it may seem to be borne by the patient, must, it seems to me, be injurious to the constitution of the blood and the reparation of the tissues,—and this in consequence of its chemical action on the blood-globules. A large dose now and then will do

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no permanent harm, but its long continued use in such doses must do so. During the early stages of all inflammatory and febrile diseases it is positively mischievous. It is not wanted then ; there has been little or no waste, there is no exhaustion, and it seems as much out of place then as during exercise.\*

The principle of its administration seems to be to assist in the reparation of particular kinds of waste, and to relieve the exhaustion consequent on it, and to avoid such doses of it and so long continued an administration of it, as would interfere with the end in view. As civilisation advances, its use in convivial entertainments will, I think, gradually die out. If still used, it will be used not for the purpose of promoting conviviality, but for that of refreshment after muscular fatigue. Its tendency is to paralyse the higher organs of the cerebral system, and thus to give freer play to the lower and animal organs. It is said to sharpen the wit ; but much seems wit under its influence which is not really so ; and the happy sayings of the evening would sound less felicitous, if repeated next morning. It really does interfere with true communion of spirit, by calling up a host of subjective sensations, which shut up the man within himself and most truly isolate him, when he flatters himself he is most supremely social. It is true there is a glamour cast over this which makes us happy in every thing we say, and, to

\* This, perhaps, is not an inappropriate place to introduce the following quotation from perhaps the most interesting work of the day :—"I found an extraordinary change in my health from the time that I commenced drinking the potato-whiskey. Every day I drank hot toddy. I became strong, and from that time to the present day my fever left me, occurring only once or twice during the first six months, and then quitting me entirely. Not having tasted either wine or spirits for nearly two years, the sudden change from total abstinence to a moderate allowance of stimulant produced a marvellous effect."—*Albert Nyanza*, by S. W. BAKER, M.A.

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a certain extent, with what others say; and a great idea of our capabilities is aroused, at the very time when those capabilities are seriously impaired and crippled in every sphere of action. Inordinate desires are awakened, but the power of real enjoyment is destroyed. It would seem as if some mocking devil were the master of the situation, who substituted the fancied possession of power for the reality, desire for enjoyment, conviviality for communion, and succeeded in inducing satisfaction in being cheated. To give the devil his due, however, it tends to break up the crust which externals have caused to take a set on weak natures, and which impairs their power of expressing themselves, their comfort, and even their good feeling; and it calls up a species of kindliness, to be sure of rather a low kind, ranged by the phrenologists under the organ of adhesiveness,—low, as I have said, in a moral point of view, but not the less natural nor the less pleasant on that account. The reticence and reserve, perhaps prudently and necessarily self-imposed on crude and inharmonious natures has done much to starve out these natural, and, in their place, proper and graceful feelings.

I do not expect, however, that much change will take place in these habits for years to come; most of us have enough of the animal to indulge in subjective sensations, if pleasurable, though their tendency is to isolate—this for a time, at least. But I would fain hope that the use of the stronger drinks will be gradually superseded by that of the lighter wines,\* free from the addition of brandy; and I feel sure that if we as medical advisers of the community exert our influence in this direction, we shall prolong the lives of our patients, and make them more energetic, more useful, and more happy members of society.

\* I would particularly recommend the Hungarian wines, Carlowitz, Erlau and Edenburg; those of Burgundy; and the *first class* Clarets.

## HOW I BECAME A HOMŒOPATH.\*

By WILLIAM H. HOLCOMBE, M.D., of New Orleans.

I AM the son of a doctor. I was born and bred in a medical atmosphere. My father's office† was the favourite place for my games when a little boy, and for my reading and study when a youth. The imposing shelves of portly volumes, the big jars of hideous specimens preserved in alcohol, the pervading odors of paregoric and lavender, the bloody-looking map of the "great sympathetic" on the wall, the long white skeleton grinning in the closet, and the mysterious box, containing the detached bones of a baby's skull, made a strong impression on my childish imagination. The old brown saddle-bags, with their incredible stores of vials and packages and pill-boxes excited my special admiration. Physicians were, in my opinion, the wisest and greatest and best of mankind. I saw the whole faculty through the venerated form and character of my good father. We differ as much from our own selves at different times, as we do from each other. I have lived to question and scout the old oracles—to abandon the "intensely respectable" path of routine—to discover in the old brown saddle-bags a Pandóra's box of evils, and to see how much ignorance and mischief are sometimes concealed and consecrated by a medical diploma!

My father gave me his name, and I coveted his profession. In that happy period of boyhood, when our stick-horses are as real as grown men's hobbies, I played the little doctor, and galloped from tree to tree and from post to post, visiting my imaginary patients. Before I was fifteen I had read Doctor Rush's half-literary, half-scientific, Introductory Lectures, and was eager to precipitate myself into the vortex of professional study. The child is father of the man. But I was wisely held to a long course of academic preparation. Still my penchant

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† The American equivalent for our terms "consulting room" or "surgery."

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for medicine appeared in every thing. I applied my earliest Latin and Greek to analyzing the medical terms in old Hooper's Dictionary; I acquired the Natural Sciences, as mere stepping-stones to the Vital; I studied French, not for "Gil Blas" or "Corinne," but for Milne Edwards' Zoölogy; and in my botanical lessons, although there were ladies in the class, I had an eye rather to the properties of drugs than to the poetry of flowers.

My father was a Virginian gentleman of the old school, conservative in all his principles. The associates of his forty years' career will testify to the deep-rooted, thorough-going honesty of his nature, and to the chastity of his professional honor. He had been a private pupil of the celebrated Doctor Chapman, and he committed me in due time, with great pride and confidence, to the fostering care of the old University of Pennsylvania. So I followed my father's footsteps, walked the hospitals, frequented the dissecting room, took notes on the lectures, and graduated at that excellent institution. I returned home full of *l'esprit du corps*, devoted to my professors, proud of my diploma, and crammed full of principles which I was ready to put into practice, at the pecuniary and physical expense of my patrons.

I am not writing an autobiography. These personal details would be out of place, did they not furnish a kind of psychological key to something that follows. I am about to portray the struggles of an ardent and inquiring mind, whilst emancipating itself from the bondage of authority, and emerging into the light and liberty of truth. My experience is typical. Every man, physician or layman, who ignores, misrepresents, ridicules and despises homœopathy and homœopathic physicians, as I did, does so from similar causes or motives. The traditions of the past, the teachings of masters, the example of friends, the power of custom and fashion, the opinions of society, weigh like an incubus upon us all, and take away not only the means but the will to investigate a new truth from an independent stand-point. These vast powers, which retard the progress of mankind, press upon us like the atmosphere, invisibly and

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unfelt. We are not conscious how blind and feeble, how ignorant and prejudiced and silly we are. There is folly which thinks itself wise, and ignorance which struts in the garb of knowledge. The rulers, the doctors, the chief priests and Pharisees of human thought and fashion, who hold the high places and the fat offices of the world, never recognize the genius of Galileos, and Harveys, and Jenners, and Fultons, and Hahnemanns, until their doctrines have triumphed by their own merits—until they have risen, like the sun, high into the heavens, dispersing the deep mists of error and prejudice which at first concealed them from sight.

I heard of homœopathy at Philadelphia, as all medical students hear of it. One professor, with a show of philosophic bearing, gave it a mock analysis, and dissipated it into thin air, as flippantly as an infidel of nineteen years discards the Christian religion. Another, whose private practice it had probably injured, denounced it bitterly, as an atrocious imposition upon the credulity of mankind. A third took a good-natured, jocular view of the whole affair, and laughed (all the students laughing in echo) at infinitesimals, as transcendental medicinal moonshine. They all agreed that homœopathy was one of those evanescent forms of medical opinion, like Brunonism and Broussaisism, and Perkinism and Mesmerism, destined to have its day, and to vanish some morning, like an ignis fatuus, from the eyes of its deluded followers. They predicted its speedy death and final extinction. Of course I believed every word they said. I was not expected or taught to seek for truth, but to receive what my masters imposed on me as truth. They dogmatized—I accepted. I entered in one page of my note book, "Ipecac—emetic;" in another, "Homœopathy—humbug."

So I passed out into the great world of action—bigoted, conceited, and ignorant of what was most worth knowing. The new dawn was breaking all around me, but I did not see it. The grand reform was springing up every where, but I did not know it. Scores of intelligent physicians were adopting the new practice; thousands of intelligent families were becoming its adherents; books were being printed, journals established,



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colleges founded; a great school of thought was growing up about me, as every genuine truth always grows, slowly but surely,—and of all this I had no living conception—it was all as unreal to me as the angel presences which are said to throng invisibly our earthly career. I was like some old mariner, who still hugged closely the barren shores of tradition, whilst others, armed with the magnetic needle, explored boldly the ocean of truth. I was like some young Greek disciple, just emerging from the Athenian portico, glorying in the wisdom of the ancient philosophies, and laughing to scorn the rambling Peters and Pauls, who preached in the market places a new doctrine, destined to silence the Pagan oracles and to revolutionize the world.

It was fortunate for me that I entered on my profession in partnership with my father, who was then enjoying a large practice in one of our western cities. It not only gave me fine opportunities for observation, at a period when most young physicians are waiting for business, but it threw me into daily and most instructive contact with a richly stored, sagacious, cautious, and practical mind. Experience with many physicians is merely a routine repetition of errors; with my father it was a steady advance toward the truth. His scepticism was continually chilling my enthusiasm. He was coldly empiric—disdaining speculations and distrusting all authorities. I thought we had twenty specifics for every disease; he knew we had seventy diseases without a single specific. I thought that doctors were ministering angels, bestowing health and blessings around them; he knew that they were blind men, striking in the dark at the disease or the patient—lucky, if they killed the malady, and not the man. I thought that medicine was one of the fixed sciences, true in theory and certain in practice; he had discovered the wisdom, as well as the wit, of Voltaire's famous definition—"the art of amusing the patient whilst nature cures the disease!"

I had passed a year or two in active practice, learning to think under my father's supervision, (receiving thought from others and thinking for ourselves are very different things,)

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when I came suddenly into contact with what I regarded as the most gigantic humbug of the day—homœopathy. It was in this manner: I was called out one cold winter night to a fine, plump little boy, suffering with the worst form of membranous croup. I gave him an emetic: he grew worse. I put him in a hot bath: he became hoarser and hoarser. I repeated the emetic and the bath, with no beneficial result. His difficulty of breathing became frightful. He then sank into a stupid state, with hot head and dilated pupils. I became alarmed. I saw that unless a speedy change could be induced, death was inevitable. I determined to bleed him, to relieve his congested brain, and then trust his fate to broken doses of calomel.

When I announced my sanguinary intention, the poor mother burst into a violent paroxysm of weeping, mingled with exclamations that her child should never be bled. I remonstrated; I explained the case—I entreated; but all to no purpose. She exclaimed wildly, clasping the little fellow to her heart, "The blood is the life—it shall not be taken away!" The husband took me into another room, and told me that his wife had once been insane, after the death of a child, and was confined for months in a lunatic asylum. He said he dare not thwart her will in so important and delicate a matter—that the child must not be bled. He urged me to do something else—to do anything to save his child; but that I must not, should not bleed it. I explained to him, candidly, and with some display of professional dignity, that my opinion was worth more than his or his wife's; that there was no hope for his child but in blood-letting and calomel, and that I would not retain the responsibility of a case in which I was not permitted to dictate the treatment. The upshot of it was that I was dismissed not at all sorry that I had escaped the charge of a death which I deemed inevitable. The angel of Life must have clapped his hands for joy as I receded from the door.

The next day I expected to hear of the death of my little patient, but no such rumor reached my ear. The morning after I looked in the daily papers for a general invitation to

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his funeral, but no obituary was to be found. I was puzzled. What doctor, capable of saving life under such circumstances, could have been called in after I left? How I envied him his knowledge or his good luck! Imagine my amazement when I saw the child playing in his father's yard about the middle of the day! My curiosity was piqued, and became too strong for my professional hauteur. I determined to know who my skilful successor in the case was. I rang the bell, asked for the lady of the house, and with some little embarrassment made my inquiries. I was informed that a homœopathic physician had been summoned; that he put a towel, wrung out of cold water, around the child's neck, and some little sugar pellets on his tongue. The pellets were repeated every fifteen minutes until the breathing became easy, the cough loose, and the patient roused up, from which time the convalescence was rapid.

A sensible mechanic who discovered that another mechanic executed some piece of work more rapidly, perfectly, durably and scientifically than himself, would be anxious to see how the new principles had been put into practice. In this case one would suppose that I said to myself, "This is very remarkable. I will see this new doctor; I will learn what he gave this child, and why he gave it. We will at least amicably exchange ideas: I may learn something useful to myself and others." That would have been common sense, but it would not have been allopathic sense. That is what any sane man, who really enjoyed perfect freedom of thought and action, would have done; but I was bound hand and foot by the invisible but powerful trammels of education, prejudice, interest, fashion and habit. I derided the treatment as the climax of folly, and had the effrontery to claim that the child was cured by *my* remedies, which began to act after I left. The lady dissented from this opinion, and was evidently a convert to homœopathy. My suspicion that the new system was a disgraceful imposture, now became a conviction, and not long after I refused to be introduced to the worthy gentleman who had saved my patient.

This Doctor Bianchini, who incurred my juvenile contempt, was a respectable graduate of the University of Genoa, vene-

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rable for his age and his experience. Seventeen years afterwards I met him under more agreeable circumstances. I had learned his method of curing croup, and had employed it in hundreds of cases without a single failure. Of course we saw each other in a different and better light, and we laughed together at my harmless allopathic pomposity. Our meeting reminded me of the two Welshmen who were travelling at day-break on one of the wild mountains of their country. When they first descried each other their figures loomed up so vastly and grotesquely through the sea of vapor, that each exclaimed to himself, "What a monster approaches!" As they came nearer together each discovered that the other bore the human shape, although strangely distorted by the dim mists of the morning. When they got face to face, behold, they were brothers! Just such mists and vapors are all the creeds, and institutions, and conventionalities that separate man from man!

On reviewing the state of my mind at that period, and asking myself wonderingly why such a striking homœopathic cure should have made no impression whatever on my thinking faculties, I remember that I was laboring under two great delusions respecting homœopathy, which prevented it from obtaining the least foothold on my faith. I was bitter because I was ignorant, as some animals are said to be fiercest in the dark.

In the first place, I regarded homœopathy as a doctrinal monstrosity and its practitioners as uneducated impostors. True, I had never read a single book or journal of the new school. I had never conversed with one of its physicians. I knew positively nothing about the whole matter, as is the case to-day with nine-tenths of the allopathic physicians in the United States; my ignorance was the cause and measure of my intolerance. The "London Lancet," the mighty Hector of the orthodox hosts, was my oracle. I took every thing at second-hand—I saw every thing, like the Welshmen, through a rolling sea of vapor.

I needed some judicious, intelligent friend to show me what I now see so clearly—that homœopathy is the crowning piece,

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the cap-stone of medical science; that it begins only where allopathy ends. It is a grand philosophic reform in the highest and last-studied department of medicine—the application of remedies to the cure of disease. The entire course of scientific instruction necessary to the accomplished physician is the basis from which the true homœopath must work upward and onward in his noble mission. Hahnemann stood head and shoulders above the crowd of his detractors. Jean Paul Richter calls him “that rare double-head of genius and learning,” and so he was. The Germans who planted the new system on this continent—Hering, Wesselhœft, Gram, Haynel, Pulte, and others—were in every instance gentlemen of extensive and varied erudition. Their first American disciples—the apostles of the school in our different cities—were in most cases men of superior mental endowments, and of thorough classical and scientific culture. In New York city, for example, Gray, Wilson, Channing, Hull, Curtis, Bayard, and others of the early homœopaths, were men who would have added lustre to any of the medical or social circles in London or Paris.

In the second place, I was precluded from feeling the least interest in the social or scientific status of Homœopathy by a foregone conclusion, that infinitesimal doses were nothing at all—attenuated far beyond the possibility of any material power, and that homœopathy was therefore a perfect humbug. True, I had never tried them, nor would I credit the evidence of those who had. Unless I could be satisfactorily convinced of the *why* and the *how* and the *wherefore* of the phenomena, I determined to deny the existence of the phenomena themselves. This false and vicious mode of reasoning is almost universal. Nevertheless, all genuine philosophers, from Bacon and John Hunter to Bartlett and Hugh Miller, tell us that no *a priori* reasonings or considerations can establish either the truth or falsity of alleged facts. Experiment only can fairly verify or confute. John Hunter used to say to his class, “Don’t think, but try!” yet, in relation to homœopathy, people think, think,—instead of trying.

It is very convenient, as every one knows, to have somebody

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else to try for us, to think for us, to cook for us. Well, I and all other orthodox physicians had been relieved of the duty of examining homœopathy by M. Andral, one of the greatest medical men in France, who experimented with it for a long time in a Parisian hospital. He tried it on fifty-four patients, and published the treatment and the results in a medical journal, which were of course republished in all the other journals in the world. Andral, in the name of allopathy, gave our poor young homœopathy what he called a fair trial, and pronounced very decidedly against it. I heard of it; every allopathic doctor heard of it. Andral laid homœopathy on the shelf; we all agreed that it should stay on the shelf. As there are some old Rip Van Winkles who still believe in the force and justice of Andral's experiments, knowing nothing of them but Andral's name, I will relate a few striking facts about the famous trial, which I gathered from the *British Journal of Homœopathy*, where the whole matter is thoroughly sifted.

The trial was made over thirty years ago, when Homœopathy was in its infancy—before the hypothetical value of many of its remedies had been verified by experience, and when its treasury was not half so rich in great medicines as at present.

The result of nineteen of the fifty-four cases experimented on is not reported at all. Was it too favorable to homœopathy for publication?

Three-fourths of the cases treated were of a serious chronic and organic character; such as consumption, gout, hypertrophy of the heart, amenorrhœa, chronic gastritis, bronchitis, etc., diseases requiring a long and varied course of treatment, and very frequently not curable by any medication whatever.

Will it be credited, that but a single dose of a homœopathic medicine (all high dilutions) was given to each of these cases, and that when the disease was not cured in a few days, it was handed over to allopathy, and a report entered unfavorable to the new system?

*In twenty-five out of the thirty-five cases reported the remedies were not at all homœopathic to the diseases. What sensible lay-*

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man, practising from his little "Domestic Guide," would not know better than to give *aconite* for intermittent fever, *arnica* for consumption, *hyosciamus* for pleurisy, *chamomilla* for diarrhoea without pain, *belladonna* for bronchitis, *opium* for uterine diseases, etc.? Yet these are the prescriptions made at random by the illustrious Andral, who acknowledged himself unable to read German, the only language in which at that time a book existed which could have taught him how to use the above named drugs homœopathically. Of the ten cases in which a tolerably homœopathic remedy was chosen, seven are reported as better the next day.

Andral's experimentation was simply a farce, disgraceful to himself and his school, and one which looks like a trick of the trade, expressly got up to precipitate a verdict against homœopathy, and silence in future the questionings of the medical mind on the subject. Of all this, however, I suspected nothing, and I went on practising one system and abusing the other with an easy conscience. But I was destined, under Providence, for better things than to play always the part of the blind horse in a tread-mill.

In 1849 we were visited by that dreadful scourge, the Asiatic cholera. It loomed up like a black cloud in the East, and moved westward with frightful rapidity, spreading sorrow and death in its mighty shadow. We prepared for its visitation by earnest thought and study. We mastered the opinions and practice of those who had witnessed the previous epidemics. They were so discordant and unsatisfactory that we faced the great enemy with fearful misgivings of our power to contend with him successfully. In our poor, blind, allopathic superstition, that diseases are to be cured by their opposites, we exclaimed, "What powerful astringents must be needed for such profuse evacuations!—what sedatives for such vomitings!—what antispasmodics for such cramps!—what opiates for such horrible pains!—what heat-producing remedies for such deathly coldness!—what rapid stimulants for such fearful prostration!—what mighty specifics for such fatal congestions!" Oh, the bewildering chaos of irrational theories and disgusting polypharmacy!

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So we went to work with all the resources at our command. If there was no bile secreted, it was not for the want of calomel; if the sufferings of the poor patients were not mitigated, it was not for want of opiates; if they sank into fatal prostration, it was because brandy and capsicum and ether, and a hundred other stimulants, could not rally them; if they became cold as death, it was because mustard plasters and blisters, and frictions and burning liniments, and steam baths and hot bricks, and bottles and boiled corn, and all the appliances for creating artificial heat from without, were no substitute for the animal heat, which was no longer generated within. The theories and practices in cholera, as innumerable as they are contradictory, reveal in the strongest light the fallacies, the absurdities, the *non sequiturs*, the monstrosities of allopathic philosophy. Future ages of reason and truth will unquestionably class them all with the old negro's prescription for chronic diarrhœa—"Alum and rosin, sir: de alum to fotch de parts togedder, and de rosin to sodder 'em!"

Very many cases of diarrhœa, which would no doubt have become cholera, were cured by repose, diet, and simple mixtures, of which camphor was generally an ingredient. But when cholera was fully developed—when there was vomiting and rice-water discharges, and cramps and cold skin, and cold tongue and sinking pulse—our success, honestly reported, was poor indeed. Death dogged our footsteps wherever we went; nor were we more unfortunate than our fellow physicians. Amazing paradox,—I obtained quite a reputation for curing cholera! Boasted specifics came crowding upon us from the journals and papers, and by rumor and tradition. All were tried, and all failed. Our hearts sank within us, and amid the wailings of bereaved friends, and in the streets, black with funeral processions, we deplored in anguish the imbecility of our art. My honest old father exclaimed to me one day in his office, "My son, we had as well give our patients ice-water as any drug in the *Materia Medica*. The cases which get well would have recovered without treatment."

This candid, truthful outburst of an experienced and strong-



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minded allopathic physician is as true to-day as it was sixteen years ago, when it was made. The allopaths have done nothing for the human race in the amelioration of this terrible plague—positively nothing. They are ready to deny it—to boast over again of calomel and laudanum, to declare the cholera to be as curable as toothache or neuralgia (which, by the way, they so seldom cure), and to vaunt their “philosophical” theories and “rational” practice in the very face of death and panic and depopulation. Some few sturdy, honest thinkers amongst them will occasionally tell the truth. Let the young Esculapian who carries a little apothecary’s shop in his saddle-bags, and thinks himself ready to cure every case of cholera, read the following extract from Aitken’s “Science and Practice of Medicine,” (*allopath*) page 2411, and let it sink deep into his soul, for sooner or later he will see and feel its truth :

“There are few diseases for the cure of which so many different remedies and modes of treatment have been employed as in cholera, and, unfortunately, without our discovering any antidote to the poison. In Moscow it is said that twenty different modes of treatment were practiced at different hospitals, and that the proportionate number of deaths was the same in all. In the same city, also, it is supposed that the mortality was not greater among those destitute of medical aid than among those that had every care and attention shown them. It may be fairly inferred, therefore, that in the severer forms of this disease the action of this poison is so potent as to render the constitution insensible to the influence of our most powerful remedial agents.”

This palpable failure of allopathy (call it “regular, rational, scientific medicine,” if you choose) in a disease in which the symptoms are so striking and the indications of treatment so plain, set me to thinking, and I began to ask myself if we had not over-estimated its real value and importance in all other diseases. I gradually passed into a sceptical phasis of mind. I became quite disgusted with the practice of my profession. I began to think with Bichat and Rostan, that the *Materia*

## HOW I BECAME A HOMŒOPATH.

Medica was a strange medley of inexact ideas, puerile observations, and illusory methods. I admired the remark of the dying Dumoulin, that he left the two greatest physicians behind him—*diet* and *water*; and I echoed in my private cogitations the exclamation of Frappart: "Medicine, poor science!—doctors, poor philosophers!—patients, poor victims!"

I was roused from this state of disgust, incredulity and apathy in the fall of 1849, by floating rumors of the successful treatment of cholera, at Cincinnati, by homœopathy. First one friend, and then another, echoed these marvellous stories, professing to believe them. A letter from Rev. B. F. Barrett, of Cincinnati, was published in the papers, well calculated to excite attention and inquiry. Mr. Barrett (afterwards a very kind friend) was personally known to me as a gentleman of distinguished worth and intelligence, and of unquestionable integrity. I knew perfectly well that if human testimony is worth any thing at all, Mr. Barrett's testimony was to be believed.

Mr. Barrett's statement was in substance this: he had one hundred and four families under his pastoral charge. Of these, eighty-six families, numbering four hundred and seventy-six individuals, used and exclusively relied upon the homœopathic treatment; seventeen families, numbering one hundred and four individuals, employed the old system. Amongst the former there were one hundred and sixty cases of cholera and *one* death; amongst the latter thirty cases and *five* deaths. This amazing difference between the two methods was supported by the assertion, that twenty cases of cholera occurred in the iron foundry of Mr. James Root, a respectable member of his congregation, all of which were homœopathically treated, without a single death.

About the same time Doctors Pulte and Ehrmann, of Cincinnati, published statistics of their treatment for three months. They managed eleven hundred and sixteen cases of cholera, of which five hundred and thirty-eight cases were of the severe type; from sixty to seventy collapsed, with thirty-five deaths. They gave the names, dates and addresses of all their patients,

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so that the facts could be verified, and challenged investigation and comparison.

Of course I knew that clergymen and aristocratic ladies had a very great penchant for homœopathy, and other new things, and that all the quacks and imposters in the world, as well as the "regulars," appeal to statistics to support their pretensions. Still, making all due allowance for the extravagance of enthusiasm, credulity, imagination and predilection, and also for errors in diagnosis and inaccuracies of detail, there was enough residuum of solid truth in all this to bring me silently to the conclusion—"There's *something* in homœopathy, and it deserves investigation."

(To be concluded in our next.)

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*On Cholera: an Historical Sketch, with a Practical Application.*

By J. RUTHERFURD RUSSELL, M.D. Leath & Ross.

*A Treatise on Epidemic Cholera; with an Appendix of Cases treated in the Edinburgh Homœopathic Dispensary 1848-9, and a Map showing the course of Cholera from India to Britain.*

By J. RUTHERFURD RUSSELL, M.D. London: Headland.

The former of these two works is a reprint of a lecture by Dr. Russell which appeared in the *Annals* of the Homœopathic Society for September 1865. The latter is an elaborate treatise on this terrible disease.

This "treatise" of Dr. Russell's is eminently practical, and ought, at the present time, to be in the hands of every homœopathic practitioner of medicine. We have *cholera* once more upon our threshold: the fatality with which it has attacked Amiens and some other continental towns, shews us that in the present epidemic the disease has lost none of its malignity.

The rapidity of its increase in London, at the present time, shews us our own liability to its invasion is not lessened. The *first week* in July shewed 18 cases of fatal cholera; the *second week* 32; the *third week* the mortality rose to 346.

Dr. Russell traces the cholera from India to Great Britain,

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from its outbreak in the neighbourhood of Calcutta in 1817, through its gradual progress year after year in a westerly and northerly course, till it reached England in 1831. Mountains for a time arrested its course; but it slowly surged upwards and upwards till it passed these barriers. Quarantine, even the most rigid, failed to delay the onward current of this mighty flood of disease. Dr. Russell clearly shews the futility of quarantine laws and the absurdity of hoping to destroy the cholera, anywhere, but by the discovery of its specific remedy. He alludes, analogically, to the mortality which arose from *ague* in England before the discovery and introduction of its specific, *cinchona bark*. In the seven years from 1653 to 1660, there died in England 10,466 persons from *ague*; while, in the seven years from 1734 to 1742, only 31 persons died from the same disease: this diminution of the mortality arising solely from the discovery and application of the specific remedy, *bark*.

When the true specific for cholera is found and acknowledged, Dr. Russell thinks that *cholera* will become as manageable as *ague*, and lose its lethal power. Every evidence goes to prove that cholera is due to some *specific poison*, probably in the air. Our readers, by referring back to our notice of Dr. Turrel's excellent paper, will find that, in his view, the *cholera germ* fructifies only in impure air, and that, therefore, if we keep the air of our towns pure, we need have no fear of *cholera*. Dr. Russell does not go so far as this, but appears to incline to the opinion that the cholera cloud or flood invades even the purest localities, and itself fouls the air; hence, that our safety lies chiefly in the discovery of a specific. Further, he does not agree with the general belief that premonitory diarrhoea invariably or nearly invariably precedes cholera. He gives abundant evidence that cholera may attack an individual who has never had diarrhoea, and may indeed run its whole course to a fatal termination, without diarrhoea. Dr. Russell then urges with great force the necessity for our finding out the *specific against cholera*.

We advise our readers to study very carefully Dr. Russell's admirable treatise, and to analyse the seventy-five cases whose

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treatment is carefully detailed. We also advise the perusal of Dr. Anderson's papers in our recent pages, our article on Dr. Turrel's views, and on the method so strongly recommended by Rubini, that of the administration of saturated tincture of *camphor*.

Dr. Russell's wide practical experience on this subject, extending over two severe epidemics, renders his authority of the greatest value; while his well-known ability, and honest appreciation of other men's labours, make his critical observations on the several methods of treatment adopted by other medical labourers of the greatest value and interest.

Dr. Russell justly considers that *camphor*, *arsenic* and *veratrum* head the list of our remedies against this disease. We think *cuprum* also should hold a chief place. The Americans claim a high curative power for *iris versicolor*; and the communications from our friend Dr. Lade corroborate its efficacy in choleraic seizures.

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*The Scientific Character of Homœopathy.* By J. GILES, M.R.C.L., &c., &c., late Surgeon First Waikato Regiment, Auckland, New Zealand,

Is a well written pamphlet coming to us from the antipodes. Mr. Giles justly observes that "a change of opinion on the part of a medical practitioner" in England by no means "necessarily calls for a public announcement or the issue of a printed pamphlet," but he thinks the case is different in a growing colony like that of New Zealand. We think he is right, our English publishers are somewhat overdone with pamphlets, but a terse clever statement, like that in Mr. Giles' pages, is always welcome. The writer is free from one of the commonest errors of new converts, bigotry; he does not deny the relative value of scientific allopathy, while acknowledging the superiority of homœopathy, and happily says, "certainly if I suffered from a severe and dangerous disease, I would rather trust myself in the hands of a man like Dr. Chambers, the accomplished author of *Lectures on the Restorative System of Medicine*, and take my chance of all the destructive measures which his cautious skill might lead him to advise, than trust to the unaided powers of nature." (p. 17.)

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*How I became a Homœopath.* By WILLIAM H. HOLCOMBE, M.D., of New Orleans. C. S. Halsey, Chicago.

We reprint this brochure in another part of our pages: this course has the double advantage of shewing our own high appreciation of its merits, and of submitting our judgement to the criticism of our readers. We think the story of the conversion of those physicians who have embraced homœopathy, at all times, has its value and interest, but such value is doubled when told with literary skill and ability, such as are displayed in the pages before us.

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*Cholera, Diarrhœa, Dysentery, &c., &c.: their Treatment on Homœopathic Principles.* By WILLIAM VALLANCY DRURY, M.D. Second Edition. Headland & Co., London.

We welcome this well-timed expansion of Dr. Drury's pamphlet. It comes before us, in the present edition, as a portable and readable little handbook, which is a very serviceable addition to the domestic literature of homœopathy. To the junior practitioner, the missionary and the layman living in localities far distant from professional aid, it cannot fail to be of the greatest practical use. There is a copious index at the end of the work, in addition to the table of contents at the commencement, which renders reference easy. We would suggest to the author that in a future edition he should give greater prominence to those remedies which meet the *majority* of cases, and place in the back ground the very numerous medicines less frequently indicated. A man siezed with *diarrhœa*, of a sudden and alarming character, has not sufficient *peace in his body* to sit down with a quiet mind and balance the relative advantages displayed by each of the 57 remedies for its cure named in this work. The case is very different when the doctor, free from pain himself, can calmly take the sum of the patient's sufferings and select a carefully chosen *similimum*!

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*Cholera: its Prevention and Cure.* By GEORGE E. SHIPMAN, M.D. Chicago: C. S. Halsey.

Another voice from the West. The cholera is hanging over us, disturbing our otherwise serene sky. Here and there it has made its swoop like some evil bird of prey, then disappeared to reappear where least expected. Hence from all points of the compass we hear the cry of the medical sentinel on guard against the foe. Dr. Shipman starts with these four propositions: 1. That *cholera*, in the vast majority of cases, *gives ample warning of its approach*. 2. That by proper care *it may be avoided*. 3. That in its premonitory stages *it is easily cured*. 4. That in its worst forms, violent treatment is injurious, and *homœopathy holds out the best hope of a cure*.

The pamphlet is well written, contains many excellent directions and warnings against all excesses, specially in the use of intoxicating drinks. The treatment recommended is that advised by all homœopathic physicians. The doses seem to us too small—one drop of tincture of *camphor*, and 6th and 12th dilutions of the other medicines appear to us to be insufficient to meet this essentially adynamic affection. Further experience is however needed on this point.

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*Text Book of Materia Medica.* By AD. LIPPE, M.D., Professor of Materia Medica at the Homœopathic College of Pennsylvania. Part I.

We are very glad to receive this very useful and practical addition to our literature. It is a very well arranged epitome of the complete *Materia Medica* of Hahnemann and others. Dr. Lippe, in a concise preface, informs us that this little work was originally prepared for the use of the students attending on his lectures. "It contains the *characteristic* and *most prominent special symptoms* of the best proved and most used of our medicines." The *Text Book* does not distinguish between those symptoms which are *pathogenetic* and those which are *curative*: "Such distinctions belong exclusively to the complete *Materia*

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Medica, the study of which the present Text Book is intended to facilitate and not to supersede."

The *Text Book* is therefore only an *abridgment* of the larger works of the *Materia Medica*—well arranged, it is true; but we think it a great mistake to have left those symptoms which have been arrived at by provings, undistinguished from those which have been discovered clinically by the curative action of the remedies in disease. This book, though it fulfils all that its author intended, still leaves us without that which is specially wanted in our literature on *Materia Medica*, i.e., a work which shall shew us the sequential order of the symptoms as they have been produced in the provers, and a clear picture of the *medicinal disease* induced, in its whole course. The artificial anatomical arrangement of symptoms presents practical disadvantages of the gravest kind. We are glad to see that Dr. Lippe acknowledges the confusion which has ensued from this faulty construction of the *Materia Medica*. He says: "So great is the multiplicity of symptoms, the result of provings, clinical corroborations and observations, with which our *Materia Medica* is overladen, that it seems little less than an impossibility to obtain a clear discriminating view of each separate remedy."

When so acute a physician as Dr. Lippe acknowledges the impossibility of threading this maze, we may well understand the obstacle it has presented to the advancement of our science,

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## CASE OF CHOLERA TREATED WITH IRISIN.

By GEORGE LADE, M.D., King's Lynn.

IN the January number of the *Review* of the present year I published a short paper giving the result of my treatment of diarrhoea and cholera with *iris versicolor* and *irisin*. As a supplement to that paper, I beg to give the history of a case which presented several of the characteristic features of malignant cholera, and whose progress was rapidly arrested by the latter medicine. The patient was a married woman, aged 81 years,



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who, at the time she was attacked, was considerably debilitated by over-lactation. She had had more or less looseness of the bowels for two or three days, but as it gave her little inconvenience, she did not trouble herself about it, until half-past four o'clock of the afternoon of the 12th July, when the purging suddenly became worse, and she was seized with vomiting and with cramps in the body and lower limbs. When I first saw her—about six o'clock, P.M.—her diarrhoea was profuse and involuntary, and the evacuations wholly of a rice-water character; vomiting was frequent and severe, and the matters rejected consisted principally of small white flocculent bodies with portions of undigested food. She complained much of crampy pains in the abdomen and lumbar region, and less severely of similar pains in the legs; intense and urgent thirst; and difficult and oppressed breathing. She had the unmistakable choleraic expression of countenance; her face and limbs were greatly deficient in warmth; her body was also cooler than natural, and her tongue, which was very slightly furred and bluish, was *icy* cold to the touch. She was not able to inform me whether or not the urinary secretion was suppressed.

*Irisin*  $\frac{1}{x}$  was ordered to be taken every fifteen or twenty minutes, and the body to be fomented with hot moist flannel.

8 P.M. There is decidedly less cramp, especially of the body, and the other symptoms have slightly abated. She now expresses a great desire to have some stimulant. To take two teaspoonfuls of brandy with a little water every twenty minutes, and the medicine every ten minutes.

9-45 P.M. Considerable improvement in every respect.

11-20 P.M. Is now free from sickness, and her bowels have not acted for upwards of an hour. Cramps continue, though they are very slight. Brandy to be discontinued; to have a little gruel at intervals; and medicine to be taken every three hours and after every motion.

13th July, 9-30 A.M. Patient had a good deal of cramp in the limbs, and was very restless during the night; but she has had no vomiting, and her bowels were undisturbed from about ten o'clock last night till half an hour ago. Passed a good deal

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of urine at the same time. Is to take one more dose of medicine only.

4.45 P.M. Continues to improve. Thinks she "will do now," and that she only wants a little more strength to be as well as usual.

The further progress of the case was eminently satisfactory, and fully bore out the patient's hopeful opinion of herself.

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THE PRACTICAL BEARING OF HOMŒOPATHY ON  
LIFE INSURANCE.

It has been seen for many years, that the increased *chances of recovery* offered in the treatment of disease by homœopathy must, sooner or later, be felt, in giving *increased value to the lives of homœopathic patients*. This practical result was anticipated many years ago by several leading homœopaths, and a Life Insurance Company was formed for the special insurance of homœopathic lives.

This Company was, for some cause, merged into another. The principle was correct, but the scheme was insufficiently supported. Last year we noticed the adoption of a sounder and better application of the principle by the General Provident Assurance Company, in the separation of the homœopathic lives from those of the insured who remained under the old system of medicine; by this scheme they were classed by themselves, and those insuring in the homœopathic section would reap the special advantages to be derived from their avoidance of the risks, so constantly run by those who are treated when ill by allopathy.

In March last we had to announce the establishment of a large Life Insurance Office in the United States, which, from a statistical enquiry, had come to the conclusion to grant policies on the lives of homœopathic patients at **TEN PER CENT. less premium than was charged on other lives.**

We have now before us a prospectus of the **EMPIRE ASSURANCE CORPORATION**, a Company with a capital of half-a-million,

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which has followed the GENERAL PROVIDENT in opening a *homœopathic section*. Their medical adviser in London is Dr. Pearce, of Maddox Street, W.

The following is that part of their prospectus which specially relates to homœopathy:—

"Homœopathy, as a principle in medicine, is accepted and followed by a very large and influential section of the medical profession in this country, notwithstanding the opposition which has been brought against it during the last thirty years. It has been calculated that more than a million persons in the United Kingdom have adopted homœopathy, convinced of its superior efficacy to the ordinary system.

"Not in the British Isles only, but in every dependency of Britain, in its Colonies and in its Eastern Empire, homœopathy is making steady progress, while on the Continent of Europe nearly every Royal Court has adopted homœopathy.

"America has several Homœopathic Colleges, Educational Institutions, by no means inferior to those of the ordinary school; indeed, the United States now contain about four thousand qualified homœopathic practitioners, and the superiority of homœopathy is demonstrated so evidently by statistics of acute diseases, that a Life Assurance Office, called the 'HÄHNEMANNIAN LIFE ASSURANCE COMPANY,' is established in Cleveland, Ohio, the premium rates being 10 per cent. lower than the ordinary rates.

"The Directors of the 'EMPIRE' have not felt justified in making, in advance, a reduction of the premium rates, but they are assured by those who have mainly promoted the homœopathic section, that at the end of each quintennial period for the division of profits, an advantage will be shewn in favour of the assured in this section. The business in this section will be kept entirely distinct from the general business, so that by this means the Directors will be able to compile statistics from time to time, by which will be ascertained the comparative value of lives in the homœopathic and general sections, a similar plan to that adopted by Insurance Offices in regard to 'temperance sections.'

"It is admitted by all assurance corporations that their funds are principally affected by deaths from acute diseases, it follows therefore that if reliable statistics prove that the mortality is far less under homœopathy than under ordinary treatment, an advantage must accrue to the assured in this section.

"The same remark applies to epidemic diseases, such as diarrhœa, cholera and fever.

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"The following statistics may be relied on, they having been published by Dr. Routh, who to sustain an opposition to homœopathy, visited the continent to examine for himself into the merits of the respective systems.

*Pneumonia.*

(Inflammation of the Lungs).

Vienna	Admitted.	Died.	Mortality. per cent.
Allopathic Hospital ...	1134 ...	260 ...	23
Homœopathic ,, ...	538 ...	28 ...	5

A difference of 18 per cent. in favour of homœopathy.

*Pleurisy.*

Allopathic Hospital ...	1017 ...	134 ...	13
Homœopathic ,, ...	386 ...	12 ...	3

*Peritonitis.*

Allopathic Hospital ...	628 ...	84 ...	13
Homœopathic ,, ...	184 ...	8 ...	4

*Dysentery.*

Allopathic Hospital ...	162 ...	37 ...	22
Homœopathic ,, ...	175 ...	6 ...	3

*Fevers.*

Allopathic Hospitals ...	9697 ...	931 ...	9
Homœopathic ,, ...	3062 ...	84 ...	2

*All Diseases.*

"Dr. Routh gives the statistics of Hospitals in London, Edinburgh, Glasgow, Liverpool, Vienna, Leipsic, Linz and other places; the following appears to be the general result:—

	Admitted.	Died.	Mortality. per cent.
Allopathic Hospital ...	119,630 ...	11,791 ...	10.5
Homœopathic ,, ...	32,655 ...	1,365 ...	4.4

*Cholera.*

In Twenty-one Hospitals in France and Italy (Allopathic) 63

In Ten Hospitals in France and Italy (Homœopathic) 11

In Vienna (City of) In Allopathic Hospitals ..... 66

Homœopathic ,, ..... 33

Cholera Hospitals in Liverpool in 1849.

In Allopathic ... .. 46

Homœopathic ... .. 25

Cholera in Edinburgh in 1849.

Allopathic treatment ... .. 66

Homœopathic ,, ... .. 25

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## Cholera in London in 1854.

Allopathic treatment ...	...	...	...	...	45
Homœopathic „ ...	...	...	...	...	17
In stage of collapse.					
Allopathic ...	...	...	...	...	69
Homœopathic ...	...	...	...	...	30

“These certified statistics prove the advantage to life-assurers in the homœopathic section as regards profits, and the Directors of the ‘Empire’ deem it only just that those who have adopted homœopathy should derive the advantage by instituting a separate section.”

We hope it will not be long before this principle will extend itself to the other offices; and we would urge upon all homœopathic practitioners to use their influence to obtain a consideration of this subject, from those Life Assurance Societies with which they are individually connected.

## CORTEX ALSTONIÆ SCHOLARIS IN CHOLERA.

[The bark of the *Alstonia scholaris*, a large tree of the natural order *Apocynæ*, growing in the forests of Malabar, Canara, Soona, and some other parts of India. The bark has long been used by the natives of India in bowel complaints.]

LT.-COL. DE L'HÔSTE writes to us as follows:—

“I was engaged for several years constructing roads in the mountains (or ‘ghats’) of Western India, and for this purpose had many natives under me. Government would not give me any medical assistant; I was therefore obliged to doctor my men to the best of my ability. Had I known at that time the value of homœopathy, I might have added many vegetable substances to the remedies already known. My first impression respecting the *alstonia scholaris* was, that it might be used instead of *quinine*. To test this, I made a tincture of 2 oz. powdered bark to one pint and a half of brandy; I took first a few drops, then a small teaspoonful in a wineglass of water; the effect produced was a violent purging and cramp in the bowels, vertigo, and great weakness. I subsequently used it amongst my men for dysentery, with good effect; *unconsciously* practising

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homœopathy, of which I then knew nothing. I enclose a letter from Dr. Gibson, published in the *Pharmaceutical Journal*, which gives you fuller information; and I shall be glad if the drug proves useful. I send you some of it, and can give you more.

"Yours faithfully,

"EDWARD P. DE L'HOSTE.

"Sion Cottage, Bath."

Dr. Gibson's letter is published in the *Pharmaceutical Journal* for 1866, page 422. We subjoin a few extracts:—

"I have," he says, "repeatedly used it as a remedy in diarrhoea attended with termina, and even with tenesmus; and I can safely say that in every case it has given relief to the symptoms. The relief has most generally been permanent, occasionally only temporary, and such as to require a repetition of the dose."

"Of its effects in cholera, European or Asiatic, I have as yet only one case recorded."

[This case appears to have been one of severe English cholera, with watery evacuations and violent vomitings. After the first dose three evacuations occurred in the next hour and half; after the second dose no evacuation occurred; a third teaspoonful was given, and this completed the cure. This case is reported in the *Pharmaceutical Journal*, as a pendant to Dr. Gibson's letter.

Lt.-Col. De l'Hoste has placed some of this substance in our hands, and we shall be happy to send a small quantity to any one inclined to *prove it*. We took a very small portion ourselves; it has a bitter taste; and though only part of a grain was taken, it induced sharp purging, with considerable pain, uneasiness in the bowels, and great sense of heat and irritation in the lower bowel.—ED. M.H.R.

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THE CHEMICAL THEORY OF DISEASE.

DR. LIONEL S. BEALE, in the course of one of his lectures at King's College, on Physiology and General Morbid Anatomy, thus criticises the *chemical and mechanical* theories of disease:—

"The idea of disease comprises something more than mechanical defect or chemical alterations. If we may correctly speak of

## NOTABILIA.

chemical and mechanical diseases, surely it is not incorrect to talk of the diseases of a steam-engine or the pathological phenomena of a spinning-jenny. Any one who has studied and thought over the formation of a common abscess, or the occurrence of any simple, acute or chronic inflammation, must have convinced himself that the changes comprehend phenomena which cannot yet be included under physics or chemistry."

Further on he combats the idea that the process of assimilation, "in the conversion of food into blood and blood into tissue," is due to *catalysis*, and ends by saying: "Nothing save that which is alive can effect changes like those occurring in connexion with living cells, and that '*living*' comprehends more than mere chemical, mechanical, and catalytic changes, or all these together."\*

These views so nearly accord with those upon which Hahne-mann founded his theory of "vital dynamic action," that we heartily hail their exposition in one of the best of modern schools of medicine.

## CHOLERA.

WE note that cholera has simultaneously invaded England at several points. It has appeared in London, Liverpool, Llanelly, Southampton, and South Shields.

We would urge on all homœopaths to carry about with them constantly *Rubini's tincture of camphor*, and to administer it to themselves and others whenever a qualm or pain seizes them in the epigastrium. Also, when in a district where cholera is epidemic, to wear an anti-cholera belt, *i.e.*, a flannel bandage with a small plate of copper in the centre—the copper to cover the epigastrium.

The regulations of the Privy Council very properly recommend that where the drinking water is impure a few drops of Condry's Red Fluid should be added to each half-pint,—just enough to give it a slightly red tinge. Also, that patients should keep their beds when suffering from obstinate diarrhœa, however mild.

\* See *Medical Times and Gazette*, March 10th, 1866, page 249.

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CORRESPONDENCE.

**BAZAAR IN AID OF THE FUNDS OF THE LONDON  
HOMŒOPATHIC HOSPITAL.**

It is proposed to hold a bazaar in London for the benefit of this charity in May next. Mrs. Henry Green, 3, Upper Lansdowne-terrace, Kensington-park, and Mrs. Markwick, 1, Leinster-square, Bayswater, are the Lady Secretaries. Lists of Patronesses, &c. will shortly be published. Communications from ladies and others who are kindly interested in this excellent charity are to be sent to the Lady Secretaries.

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**THE ANNUAL ASSEMBLY OF  
THE BRITISH HOMŒOPATHIC SOCIETY**

Was held at the London Homœopathic Hospital on Thursday and Friday evenings, the 19th and 20th of July. The President, Dr. Quin, in an admirable address, gave a critical summary of the proceedings of the Society during the past twelve months.

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**CORRESPONDENCE.**

**BEETLES VOMITED FROM THE HUMAN STOMACH.**

*To the Editor of the Monthly Homœopathic Review.*

Edinburgh, June 16th, 1866.

Sir,—Subjoined is an extract of a letter from a Mr. Robertson, a missionary in South Africa, who has become a convert to homœopathy, and is much esteemed by the natives there. The letter was addressed to a lady in town, who sent it to my friend Dr. Lyschinski, of this place, by whom it was handed over to me, and who at the same time showed me some portions of the insects ejected—unmistakeable Coleoptera, but *full grown*, with wing coverts, &c.; so that the notion of their being real Entozoa must, I conclude, be rejected as untenable. As many of the natives in that part of the world are earth-eaters, I should be more disposed to attribute the presence of the insects to their being swallowed in the earth. Even this hypothesis, however,



## TO CORRESPONDENTS, ETC.

is not without its difficulties ; and the subject altogether is so curious, that you may perhaps deem it not unworthy of a corner in your journal.

I am, Sir, yours faithfully,

R. BAIKIE, M.D.

[*Extract.*]

“ Kwamagunga, Zululand, S. Africa.

“ As I was writing the above lines, a most curious fact has been confirmed to me. All the natives here complain that they are infested with beetles in their stomachs ; they pass them by scores, and vomit them as well. But having a horrible dread of them, no white man that I am aware of has seen them but myself, O—— and T——. I send you some that Fanny has just vomited, and hope you will submit them to the inspection of a man of science, and see if any remedy can be found for them. It is surprising how many are afflicted with them : some even go out of their mind, as my poor friend Olmlimkala has done. I have read a great deal about the Entozoa which afflict the animal creation, but have never heard of this. I think it not improbable that, as the natives say, they also find their way into the head, when in an embryo state, and grow to their full size there, causing the madness I speak of ; for I have seen Entozoa in the heads of hartebeests and Zulu sheep. I shall look longingly for the opinions of scientific men on the subject.”

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REMOVAL.—Dr. Anderson, from Norwood to 10, Trafalgar-place, Ramsgate, till October.

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## NOTICES TO CORRESPONDENTS.

Communications have been received from Mr. Brisley, Halifax ; Dr. Lade, King's Lynn ; Dr. McConnell Reed, Dover ; Mr. E. Wynne Thomas, Birmingham ; James Johnson, Esq. (with enclosure), &c., &c.

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## BOOKS AND PERIODICALS RECEIVED.

*Bulletin de la Société Médicale Homœopathique de France*, Juillet.  
*Cholera, Diarrhœa, &c.* By W. V. DEURY, M.D.  
*Cholera : its Prevention and Cure.* By G. E. SHIPMAN, M.D.  
*How I became a Homœopath.* By W. H. HOLCOMBE, M.D.  
*The Waters of Vals.* By Dr. TOURETTE.  
*The Miner.* Ballarat, May 4th, 1866.  
*Vivisection : Is it Necessary or Justifiable.* Two Prize Essays.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### CHOLERA IN ENGLAND.

ENERGETIC measures have been taken both by Her Majesty's Government and various local authorities to stem the advancing tide of cholera. These may be said to consist, mainly, in providing for the removal of all accumulated filth, the cleansing of dwelling houses, the supply of pure water, and medical attendance with suitable receptacles for all who may suffer from the epidemic.

At a meeting of the Privy Council, on the 20th of June, a general order was issued containing certain directions and regulations for the guidance of Boards of Guardians in their efforts to prevent or arrest an epidemic of cholera in their respective Unions. The medical officers of the Guardians are instructed, and all qualified medical practitioners are requested to furnish the Boards with such information as to the existence of cholera and diarrhœa as may come within their knowledge. Cholera having appeared in a district, or diarrhœa being unusual in frequency or severity, the Guardians are to meet daily; where the Union or Parish forms part of a town of 60,000 inhabitants, or contains a town of more than 40,000, a medical officer is to be appointed to superintend all the medical arrangements for preventing and *treating* the disease. Medical visitors are to be appointed, each to report his enquiries daily to the Board; all nuisances are

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to be immediately reported ; the Relieving Officer is to be informed of all cases of destitution. Dispensary stations are to be provided. When the patient is not under medical care and treatment, the Board is required promptly to supply it. Hospitals are to be furnished where they are required. Means are to be taken to separate the sick and healthy who may be in the same dwelling. Disinfectants are to be supplied, and all discharges from the sick, the bedding, clothing, and other things thereby infected, and the utensils and privies in which such discharges have been received are to be thoroughly disinfected. Articles of clothing, bedding or furniture not capable of speedy disinfection are to be destroyed. The state of the water supply, is to be examined, and where found impure, the impurity is required to be remedied. Provision for the speedy burial of the dead, the immediate removal of a corpse from the room in which the death took place, are to be enforced. Suspected shipping is to be examined. Weekly returns of attacks, deaths and recoveries are to be sent to the medical officer of the Privy Council. Admonitory notices to owners and occupiers of property as to the provisions of the Acts for the Removal of Nuisances are to be issued, and also "all such medical advice and "such directions and instructions as in their" (the Guardians) "judgment shall be necessary to afford aid to "persons attacked with cholera or diarrhœa."

To these arrangements little opposition is likely to be given. The necessity imposed upon Boards of Guardians to supply medical assistance to the poor is at all times imperative ; but it is doubly so in the presence of an epidemic of a disease unusually and rapidly fatal. The provisions made to guard against the spread of the disease are just those the present state of the knowledge of the pathology of cholera would suggest.

But we deem it our duty to call the attention of our

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colleagues to two clauses in this General Order, in order that they may be prepared to guard themselves against undue interference from parochial authorities, when ministering to any cases of cholera that may come under their notice.

"3. Where the Union or Parish forms part of any town of more than 60,000 inhabitants, or contains a town of more than 40,000 inhabitants, according to the report upon the last Census, or where several parts of the Union or Parish are at one time suffering from cholera, *the Board shall appoint some legally qualified medical practitioner, to attend at the meetings and render his advice thereat and superintend all the medical arrangements for preventing and treating the disease.*

"4. *In each district in which cholera is present, or, if the quantity of work to be done renders it desirable to subdivide the district, then in each of such sub-divisions a legally qualified medical practitioner shall be put in charge of the district or sub-division for the medical purposes of these Regulations; and to each such medical practitioner shall be allotted all needful medical assistants and such other assistants as the Board see fit.*

"Such District medical practitioner, or one of his assistants, shall at least once daily visit those parts of the District which are inhabited by the poorer classes and wherein the disease is, and shall there inquire at every house as to the existence of diarrhoea or cholera, and shall enter in a book to be kept for the purpose the facts as to all cases he may meet with, and shall without delay give, or take the proper steps for causing to be given, all necessary medical assistance to the sick. And the medical practitioner or assistant shall, when visiting the part assigned to him, be provided with medicines for immediate administration in urgent cases, and shall be held to be in medical charge of all cases of diarrhoea or cholera with which he may meet until he is relieved by such other provision for their medical attendance as may be made or sanctioned by the Board."

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In these orders we see, we believe, the assignment of a power, which, when wielded by an allopathic practitioner desirous of damaging homœopathy, is capable of being turned to a mischievous account. Every house, in a district where cholera prevails, is not only to be daily visited by a medical officer of the Board, but he is to be armed with medicines for immediate administration to every urgent case he may meet with.

No one can have been engaged long in the practice of medicine homœopathically without having felt how unscrupulous is the interference of club-surgeons and Poor-law medical officers with the poor who apply to our Dispensaries for relief. An instance of the former was recently recorded in our pages. We remember another, where a parish surgeon, who had been called upon to supply orders for food for a poor woman who was suffering from fever, and was attended by a well-known and skilful physician of our school, availed himself of his position to visit the patient daily—in the absence of her medical attendant—with the sole object of demanding an inquest, should the case terminate fatally. Finding, however, that the woman did not die, his visits ceased; whilst he had to endure the mortification of seeing a recovery he never anticipated, take place under the care of a physician whose therapeutics he regarded with the bitterest abhorrence. We also know, from long experience, that when allopathic practitioners have the opportunity of coming in contact with the friends of sick persons—especially amongst the poor—how unscrupulously they deal with homœopathy, how earnestly and ignorantly they press upon such people the necessity for tangible doses of nauseous physic!

Seeing, then, that these things are so, we warn our colleagues to be on their guard against any interference whatever. We urge them to report any attempt of the

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kind, at the earliest opportunity, to the Chairman of the Board; to insist upon having fair play. We have abundant evidence to shew that we have a well-established right, not only to fair play, but to a preference for the homœopathic over every other method of treatment. We must equally demand that no other medicines than those prescribed by us be given, or be allowed to be given, by any medical officer or his assistant to our patients; and we must further insist that no attempts be made by such officers to withdraw them from under our care.

The 9th clause in the memorandum ought to be sufficient protection for us in any appeal we might find it necessary to make. The pertinent portion of it is as follows:—

“In every case of cholera or diarrhœa *where the patient is not under medical care and treatment*, the Board shall cause medical assistance to be rendered,” &c.

Therefore, when medical care and treatment exists, no one has a right to interfere. This, we know perfectly well, will not prevent an attempt at interference by an allopath; but we regard it as strong enough to thwart such an attempt, when represented to the proper authorities.

We trust that our colleagues will be on their guard. To be forewarned is to be forearmed.

On one more clause of this “General Order” we have a few words to say. It is as follows:—

“22. The Board shall, from time to time, as they shall find expedient, issue, publish, and distribute in placards, hand-bills, or other communications, such admonitory notices to the owners and occupiers of property within their District as to the provisions of the Acts for the Removal of Nuisances as shall appear to be requisite, and *in a like manner publish all such medical advice and such directions and instructions as in their judgment*

## CHOLERA IN ENGLAND.

*shall be necessary to afford aid to persons attacked with cholera or diarrhœa, or for the carrying of these Regulations into execution, and inform the public what special arrangements have been made for affording medical or other assistance in the district."*

The portion of this paragraph to which we refer we have italicised. The question we have to ask is, What is the kind of "medical advice," and what are the "directions and instructions" which, in the "judgment" of Boards of Guardians, are likely to be deemed necessary, to afford aid to persons attacked with cholera or diarrhœa? The only official document to which they can resort to inform their judgment, and to which therefore we must appeal for a reply, is the Report of the Committee of the College of Physicians, presented to the Privy Council in answer to certain queries issued thereby to the College, as to "the present state of medical knowledge and experience with regard to the drugs which should be given or other treatment which should be adopted in attacks of cholera, especially in the beginning of the disease, when proper medical attendance cannot be procured." The College advise castor oil or rhubarb to be given "if the looseness result from bad or obviously indigestible food, or if the discharges are unnaturally offensive, and attended with griping pain." When the attack cannot be ascribed to this cause, "some aromatic or astringent medicine containing opium should be given to him at once, and repeated every hour or two, according to the severity of the purging." Ten grains of the aromatic powder of chalk and opium of the *British Pharmacopœia*, in half a glass of peppermint water or weak brandy and water, is suggested. This dose contains one grain of opium. It is added, that five drops of laudanum might be substituted, if necessary. "Larger doses of opiates or of ardent spirits should be avoided." When the stools become colourless and watery, and are accompanied by vomiting and

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coldness, opiates should no longer be persisted in, and spirituous liquors should be avoided. The patient is then to be trusted to the recumbent position, free supplies of cold water, and fresh air; warm applications to the extremities; a mustard poultice to the stomach; and the cramps are to be treated by rubbing the affected parts with the warm hand.

This Report has been discussed at and confirmed by a meeting of the College. We are therefore to regard mild opiates in its early stage, and cold water, with hot applications, mustard plaisters, and warm rubbing during collapse, as representing the present state of medical knowledge and experience in the treatment of cholera!

If there is one fact in the treatment of cholera, which has been more fully confirmed by experience than another, it is that opiates, given in the early stages, render the subsequent collapse more probable, more intense, and more incurable than any other drug. True, the dose recommended is not a large one; but a grain of solid opium given every hour will tell a serious tale in such a disease as cholera. In a direct ratio, we may truly say, to the quantity of opium given is the chance of a patient coming out of an attack of cholera diminished. Notwithstanding this fact, opium holds a prominent place in nearly every prescription we have seen recorded in the three weekly allopathic medical journals during the present epidemic. It is no matter for surprise that the mortality should have been so great as it has been. In collapse no drugs at all are advised. This, considering the nature and variety of those given in this state during previous epidemics, is gratifying. We are quite sure that a larger per centage of recoveries will take place without, than with, the measures employed so heroically in 1832, 1849 and 1854. Our allopathic brethren are learning how *not* to cure cholera. In time, we trust, they



## CHOLERA IN ENGLAND.

will attain a knowledge of how it may be successfully treated.

With opiates as the only succour offered to them, opiates whose failure to help and whose power to injure experience all over the world has determined, we would urge all Boards of Guardians to look elsewhere for help. We can promise them, that if they will only substitute that remedy which *has* proved successful to so great an extent and in such a variety of climates as to render its value incontestable, in place of that which has so repeatedly failed, so frequently proved hurtful, they will possess a power of checking the advance of this fatal disease which no other drug has ever been shewn to have. SATURATED SPIRITS OF CAMPHOR is this remedy. By its means, or rather by means of a much weaker preparation of *camphor*, during 1849 and 1854 in this country, attacks of diarrhœa, such as frequently terminate in true cholera, were promptly checked in countless instances.

Speaking of the outbreak of cholera in the district in which the London Homœopathic Hospital was situated in 1854, Mr. Cameron, at the meeting of the *British Homœopathic Society* last year, said: "I am afraid to say at this distance of time how many hundred bottles of this tincture (*camphor*) we dispensed to the crowd that applied for it at the Hospital during the first three or four days of September, when the pestilence raged with such fearful havoc. I remember one cabman who returned eight times to procure supplies for his friends and comrades on the stand." And then, is the experience, the amply verified experience of Rubini of Naples, to be cast aside as a thing of nought? Assuredly not. He tells us of 592 cases treated by *camphor* alone, without a death. Supposing that these cases were all seen early—they were seen *at the very period when Boards of Guardians ought to urge treatment that shall be effectual.*

## CHOLERA IN ENGLAND.

We would then earnestly impress upon all Boards of Guardians the necessity of obtaining and dispensing supplies of *camphorated spirits* in the hour of distress. We would further suggest to them to use only that preparation which Rubini found so much more successful than, elsewhere, the weaker solution has been. Alcohol of 60 over proof will hold its own weight of *camphor*. This is the preparation to be employed. Its dose is from five to ten drops taken in a little sugar, or in a little flour or starch, every ten or fifteen minutes.

In any directions that may be published the value of dry heat, such as hot bricks, bottles, or blankets should be mentioned. Total abstinence from all food during the early part of the disease is of great importance; and, when the capacity to appropriate it returns, it should be of the simplest farinaceous kind, such as sago, gruel or arrowroot. Brandy and all alcoholic stimulants are during cholera as pernicious as opiates, and cannot be too strongly discountenanced. Cold water is safe and grateful, and may be taken *ad libitum*. Whey, in itself a refreshing beverage, has been recommended by Dr. Drysdale as presenting to the stomach for absorption into the circulation some of those constituents lost by the blood in the excessive discharges that take place.

Such are the chief suggestions we would advise Boards of Guardians to offer to the public, should their Parishes be invaded by cholera.

While the Privy Council has been engaged in issuing instructions for the guidance of parochial authorities, we are glad to observe that the boards of management of two prominent institutions for the treatment of the sick homœopathically, have been no less active in putting their establishments on a footing enabling them to contend vigorously with the epidemic.

Immediately after the outbreak in London, the Board

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of the London Homœopathic Hospital placed wards, capable of receiving twenty patients, at the disposal of their staff, for the exclusive use of cholera cases. It was also determined, at the same time, that every bed in the house should, if requisite, be given up to such cases. In this way, and by having had its available in-door staff of medical and other attendance added to, the Hospital has been put upon what may be termed a cholera footing. Public notices have been issued that all cases of cholera would be admitted, simply on application; and that all persons suffering from diarrhœa would receive, by night or by day, all necessary medicine free of charge. Up to the 20th ult. two cases only have been admitted, and both have since been discharged cured. During the week ending at the same date, 200 applications for medicine for diarrhœa had been made. Many of these cases were very severe. Upwards of 60 persons have applied for prophylactic remedies. The cases of diarrhœa hitherto met with have all been controlled by *camphor*, though of course other medicines would have been used had they been indicated.

Extraordinary arrangements in hospital management, as indeed in everything else, involve increased expenditure. The number of those who have benefitted by homœopathy within these realms is so large, while many are so wealthy, that we feel sure the appeal of the Board of Management for funds, to meet the liabilities incurred by thus promptly making provision for contingencies of so vast an importance, will not be made in vain. Donations will be received by Messrs. Prescott, in Threadneedle Street; by the Union Bank, in Argyll Place, Regent Street; and at the Hospital by the Clerk, Mr. Warren.

In Liverpool, where a considerable number of cases of cholera have occurred during the last two months, active preparations have been made by the committee and

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medical officers of the Homœopathic Hospital and Dispensary there to meet the demands upon their resources that may occur.

The following is a portion of a letter from the Rev. Charles Parnell, addressed to the Liverpool papers of the 16th ult.:

"Great differences exist as to the best mode of treating the cholera, but I think all are agreed that we ought to do everything that we can to alleviate the severity of a visitation which falls so heavily on the poor in our densely-peopled courts and streets. Under such circumstances I hope no apology is necessary for bringing before your readers the outlines of a scheme which seems to promise great benefit to the poor at this end of the town. In the district attached to St. James the Less (and I hope St. Martin's will have the same advantages) we propose to give the people an opportunity of being under the homœopathic treatment and to nurse them at their own homes. We have several reasons for coming to this conclusion.

"1. The great success of the homœopathic treatment of the typhus fever cases in our district during the last twelve months, which has inspired the inhabitants with the greatest confidence in that system.

"2. A similar success in the diarrhœa cases in which we have seen it tried.

"3. The report in the parliamentary blue book bearing testimony to the marked success of that treatment in previous visitations of cholera.

"4. We have received from the homœopathic body the promise of a resident surgeon, and daily visits from four of the principal homœopathic physicians, who are agreed that so much valuable time is lost in removing patients that it is better to treat them in their own homes.

"Our scheme proposes to place the surgeon in a house in Athol-street, about the centre of the district. He will be assisted by the sisters of mercy and other ladies associated with them, who will undertake the management of the nursing, with

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the help of a few paid nurses. They will attend the doctors, receive their instructions, and see them carried out.

"The poor have entered warmly into the scheme, and 13 persons, one in each of the principal streets, have consented to receive the names of the sick.

"This part of the plan has been in operation for some time, and it answers admirably, enabling the visitor to hear each day of nearly every case of sickness which occurs in the street. These houses will be visited constantly throughout the day, and a list of sick prepared for the doctors to visit. If the case is very urgent, the sister will fetch medical aid at once.

"But I need not trouble you with every detail. We shall do our best to afford medical attendance without delay, and good nursing with all necessary appliances and comforts."

Mr. Procter, a duly qualified practitioner, has been appointed to reside in the district referred to, and is, with the assistance of the honorary medical officers, engaged in attendance upon cases of cholera occurring in the immediate neighbourhood. He has besides the assistance of Sisters of Mercy as messengers and nurses.

The experience and success of Dr. Drysdale during the 1849 epidemic of which, in a paper entitled an "Analysis of One Hundred and Seventy-five Cases of Cholera at Liverpool in the Autumn of 1849," published in the *British Journal of Homœopathy*, Vol. VIII, he gave a very valuable report, add much to the importance of the arrangements in operation. It is intended shortly to erect sheds for the reception of patients to be treated homœopathically. A special subscription to meet the emergencies of this increased expenditure has been opened. From the advertisement we learn that

"Donations and subscriptions will be thankfully received by Messrs. Thompson and Capper, 43, Bold Street, and 4, Lord Street; or by Messrs. Heywood, Sons, and Co., Bankers, to the account of the Northern and Homœopathic Dispensary. .

ON ALBUMINURIA.

"Blankets, arrowroot, and other necessities thankfully received by the Sisters, at St. James's Home, 47, Great Mersey Street; or by the Rev. C. Parnell, 44, Great Mersey Street, who will be glad to give further particulars."

Cordially do we wish our Liverpool colleagues the most complete success in the very important and arduous mission they have undertaken.

We trust that whenever cholera appears in a town where a homœopathic practitioner is resident, he will, feeling his responsibility as the representative of homœopathy, leave no stone unturned to test the power of our system in contending with a disease so fatal under the "usual methods of treatment."

ON ALBUMINURIA.

By Dr. MEYHOFFER, of Nice.

(Continued from page 469.)

Before concluding the etiology of albuminuria, we will not omit the paper presented to the Institut de France by Dr. Roubaud, already quoted in these lines.

According to him, Bright's disease is the result of the uric diathesis, which in its turn is dependent on dyspeptic or nutritive disorders. He was led to this conclusion by the beneficial effects produced by alkaline waters, especially those of Pougues, on albuminuria. He states that the uric acid in the blood serves to condense the albumen, otherwise maintained in solution by the alkaline quality of the serum; under the influence of the uric acid the albumen is gradually oxydised, yields fibrine and other materials to the nutrition, and furnishes urea as final refuse product. If by any pathological state of the blood the quantity of uric acid is increased, while the albumen and alkaline condition of the serum remain in the same proportion, this excess of uric acid would dissolve the

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previously condensed albumen, prevent its coagulation, and so favour its transfusion into the urine. He bases this hypothesis on the similarity of action of nitric acid, from the chemical as well as from the clinical point of view, and quotes as a well-known fact, that in the medical treatment of morbus Brightii, *nitric acid* is in great repute among German allopaths, as well as among homœopaths in general (*sic!*). We are not inclined to refute these suppositions, devoid as they are in all their tenets of any scientific proof.

We will here proceed to pass in rapid review the pathological divisions frequently accompanied by albuminuria.

*Albuminuria in pregnancy* is almost an habitual symptom in the second half of gestation, and is consistent with the physiological conditions of both mother and fœtus. Not seldom, however, the loss of albumen increases to such an extent, and nutrition becomes so impaired, as to create most serious apprehensions. Simpson, who first drew attention to this subject, attributes the presence of albumen in the renal secretion in pregnancy to an alteration of the blood; Depaul and Frerichs to functional disorder of the kidneys. Walshe and Rosenstein consider it to be the result of a mechanical stasis caused by the pressure of the enlarged uterus on the abdominal veins, particularly on the venæ renales. They, as well as all those who adopt this view, urge as a reason, that albuminuria is more generally observed in primiparae, and very seldom before the fifth or sixth month; others, however, have detected this symptom in a much earlier period. If the compression of the veins by the uterine globe were the only cause of albuminuria, why is it that we do not oftener meet this functional aberration in ovarian cysts, frequently as rapid in their development as the pregnant uterus? On the other hand, women affected

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with hydramnios are not more exposed to albuminuria, neither do ovarian dropsy and ascites usually determine the passage of albumen in the urine. This cannot therefore be the unique cause of this phenomenon. It is a well-known fact in lying-in hospitals, as well as in the private practice of midwifery, that albuminuria is of much more frequent occurrence during pregnancy among women who have to struggle with poverty and miseries of all kinds, than among those who enjoy due care in their homes. However, the latter class falls under no exception, as weak constitutions and individual disposition claim their share, as the following case proves.

In 1859 I attended a very delicate Russian lady suffering under irritatio spinalis and chronic bronchitis. She was 26 years old, of a nervous lymphatic temperament, the eyelids evincing the signs of anterior ophthalmia scrofulosa. She had an only child, 3 years old, of which she was delivered by forceps; after the accouchment, the inferior extremities had been paralysed, and remained so for more than three months. During the time she was under my care for the above named complaints, I tested the urine repeatedly for albumen, without result. She left Nice during the summer, returned in September, and became soon afterwards pregnant for the second time. Her general health was then so much improved that I had but seldom occasion to see her professionally. Towards the end of the third month of gestation she was troubled with a frequent passage of water, but attributing the circumstance to her state, she did not at first mention it. She grew, however, rapidly weaker, lost flesh, and began to be anxious about herself. I was consulted about the middle of the fourth month. She was then much thinner than after her return. She complained of great weakness and inability to move; great exhaustion after the slightest exertion, accompanied by palpitation of the heart; con-



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fusion in the head and loss of memory, so that she forgot from one moment to another what she was about. She is, moreover, morally much depressed, and anxious as to the issue of her confinement, saying that she had had all these symptoms in her first pregnancy. The appetite is relatively good; the bowels sluggish; no pains in the loins, nor œdema anywhere. Skin dry; mucous membranes very pale in colour. She passes every two or three hours a large quantity of frothy urine, of a pale smoky colour; specific gravity, 1·005; heat and nitric acid produce a coagulum of albumen of about  $1\frac{1}{2}$  per cent.; reaction feebly acid. The microscope discovered epithelial tubuliform casts, and a great quantity of cells from the same origin, nuclei and amorphe molecules, no hyaline casts, neither any fatty granules.

PRESCRIP: *arsenic* 3, gtt. iv. pro die.

After a week she began to feel a little stronger; the micturition was less frequent; albumen slightly diminished in quantity; spec. grav., 1·007; sensorium in the same condition. *Continuat. med.* Seven days later *status idem*, if not cessation of improvement.

PRESCRIP: *phosph. acid.* 2, gtt. ii. ter die.

Under the influence of this medicine she rallied rapidly. The cerebral symptoms vanished altogether in less than ten days; she became hopeful and in good spirits; the specific gravity of the urine increased gradually to 1·010-12,—in the same ratio the albumen diminished, though it never disappeared totally till five weeks after her confinement; the strength returned; she was able to take a walk without fatigue, neither was it followed by palpitation;—but on suspension of *phos. acid.* at different intervals, the symptoms were renewed. The confinement took place at the end of June (1860). Two hours after she had felt the first pain I delivered her of a healthy, full-grown female child, head presenting in the first posi-

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tion. The delivery was one of the most easy and rapid, unattended by any accident whatever. At my morning visit, the next day, I found her with both legs paralysed, not being able to move them in the least degree; sensibility not altered. Under analeptic diet, *china*, and *arsenic*, she recovered the use of her limbs in about six weeks, and better health than before pregnancy.

What was here the cause of albuminuria? Surely not the compression of the abdominal veins by the pregnant uterus, as in that case no medicine would have had any influence on the mechanical stasis, and the disappearance of albumen would then have coincided with its cause, unless one supposes that the passive congestion had induced nephritis albuminosa; but however carefully I examined repeatedly the albuminous sediment, I could never detect fatty degeneration of the epithelial cells. Now it is not likely that this affection could exist for more than six months without evincing some signs of the retrogressive metamorphosis. To this circumstance we may add another negative symptom, the nearly total absence of fibrinoid or hyaline cylinders; though these are pathognomonic to no form of albuminuria, they are for all that incomparably more frequent in the exudative than in the transudative one.

Being thus obliged to exclude the compression as the cause of this functional disorder, we have still to discover the link which connects it so frequently with pregnancy. A few considerations on the physiology of this condition may help us to find it.

During gestation, the blood of the mother has to furnish to the fetus the materials of nutrition in a soluble and diffusible form; the various proteine compounds have therefore to nourish the new being, and during this time the organism of the mother has to provide for a double expenditure, which must be supplied either by an increase

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of food or a more careful economy of the nitrogenous substances, or by both combined. It would suffice, for instance, that by a change of respiratory combustion the carbonaceous elements alone, taken in aliments, should be consumed, and that the azotised principles, instead of undergoing the catalytic action of the liver, or the capillary combustion, would be reserved as the plastic elements of the new organism; that such is to some extent the case, is supported by the diminution of urea in the urine of pregnant women. It may then be conceived that by this change of rôle the production of albumen might become excessive, relatively to the combined wants of mother and fœtus, in an organism not in perfect functional harmony, as was the case of our patient, or which is the first time in this condition. This is the more likely, as all the plastic elements which traverse the fœtus return to the mother in the same state, there being in the former no respiratory combustion; nor is any urea to be found in the urine, which, on the contrary, is naturally albuminous; as the renal secretion during intra-uterine life amounts to nothing, and having no issue whatever, it is again introduced into the circulation of the mother.

Albuminuria in pregnancy may therefore be the result of an excessive production of plastic materials, or this being normal, from the fœtus not consuming its share. It may, however, also be the consequence of a change in the nervous influence on the catalytic action of the liver, as is shown by the experiments of Claude Bernard. By puncturing the lowest part of the floor of the fourth ventricle, he obtained polydipsia, a little higher diabetes mellitus, and still higher albuminuria. The effect of the latter admits two hypotheses: 1° It is to be supposed that by the lesion of the fourth ventricle some nerves have been injured which are in communication with the liver, having under their control the function of this organ, and that

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according to the locality of the irritation the production of sugar is increased or diminished, the urine carrying sugar when the hepatic gland introduces too much of it into the circulation, or albumen when the glucogenic function is suspended. 2° Albuminuria is considered as an affection of the ganglionic system by the intermediary of the vaso-motor nerves, the section of which induces dilatation and congestion of the parts provided by them. According to Landouzy, the section of the filaments of the sympathetic nerve which regulate the renal vascular system, not only causes congestion but also albuminous secretion. This view, however, has been called in question by the experiments of Wittich and Stokvis, who never observed albuminous urine after severing the renal nerves. But this only proves that a paralytic dilatation of the capillaries is not sufficient to determine the extravasation of albumen; inflammation will only ensue under certain predisposing conditions—antecedent disease, want of nutrition, &c.

Both mechanisms may therefore be the initiative causes of albuminuria; the first by transudation or hyperalbuminosis, the other by primary hyperæmia of the kidneys.

As any primary disease of the kidneys in our case is out of the question, we can but attribute to the influence of the nervous system on the crasis of the blood the appearance of albumen in the renal secretion.

Our patient, predisposed by scrofulous diathesis, spinal irritation and chronic bronchitis to disorders of nutrition, was not in a fit condition to supply the nutritive wants of herself and the newly engrafted organism; the fœtus absorbed more than she could well afford to spare; the nervous system was no longer supplied with a liquor sanguinis adequate to maintaining it in a normal state of function; and thus we conclude that the innervation on the liver or on other important organs of nutrition

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no longer exerted its physiologic influence on them; the nitrogenous substances were no longer converted in the hepatic gland into glucogen, or metamorphosed entirely into peptone, or oxydised by capillary combustion. One of these diversions of function may have acted for itself or have been combined with another, creating a prevalence of albumen in the blood. Our supposition in this case is moreover strengthened by a concatenation of circumstances, viz., the diminution of the albumen simultaneously with the disappearance of the cerebral symptoms under the influence of *phosphoric acid*; the return of them and increase of albumen when the medicine was suspended for some time; the paraplegia after confinement. This paralysis of the inferior extremities can hardly be attributed to the pressure exerted by the head during its passage through the pelvis on the ischiadic plexus, neither to an effusion in the spinal cavity; it is much more likely that the particular state of the spinal cord, as well as the crisis of the blood before and during pregnancy, were the predisposing causes. Simpson, Imbert-Gourbeyre and others report cases of paraplegia after confinement, which they connect with albuminuria during pregnancy. I was induced to the administration of *phosphoric acid* chiefly by its pathogenetic symptoms, but also by the supposition that, in the great expenditure of plastic principles on the offspring, and secondarily in their elimination through the kidneys, there must exist at the same time a great subtraction of the phosphoric salts, and thus the brain deprived of one of its most essential component parts. It is evident that the phosphorus which contributes to form the oleo-phosphoric and cerebrie acid can only be supplied to the brain by the proteine compounds, and that whenever there exists a permanent want of assimilation or absolute loss of these substances, the nervous centre becomes impoverished of this inorganic

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element, and disturbed in its function. The functional disorder of the brain often to be observed after typhoid fever owns, if not always, at least generally, the same cause—the loss of albumen by rapid combustion, renal excretion, and triple phosphates by alvine evacuations. *Phosphoric acid* has rendered us the most excellent service in several cases of this kind, characterised by great nervous prostration, incapacity for reading or any intellectual exertion, bordering in one case upon idiocy, moral depression, &c., which tonics of all sorts, change of air and climate, and hydropathic treatment had proved powerless to amend.

According to Blot, Depaul and Danyau, children of mothers affected with albuminuria are weak, looking less mature and healthy than others.

(*To be continued*).

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By WILLIAM H. HOLCOMBE, M.D., of New Orleans.

(Concluded from page 498.)

When I made up my mind to give homœopathy a fair trial, I did it in the right manner. I did not read Professor Simpson's big book against it, nor Professor Hooker's little book against it, nor yet Professor Holmes' funny prose and poetry against it, and then tell my friends that I had studied homœopathy, and found nothing in it;—that is one very common allopathic way of studying homœopathy from the allopathic stand-point; nor did I get Hahnemann's works, and read them with my old pathological spectacles, and decide that the *why* and the *how* and the *wherefore* of infinitesimals were all incomprehensible, and that homœopathy was a delusion;—that's another allopathic way of studying homœopathy, almost as absurd as the first. No; I believed with Hugh Miller, that scientific questions can only be determined *experimentally*, never by *a priori* cogitations. I got a little pocket cholera case, containing six little vials of

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pellets and a printed chart of directions. I determined to forget all that I knew for the time being, and to obey orders under the new *régime*, with the unquestioning docility of a little child. I awaited my next patient like a hunter watching for a duck.

I was called up in the middle of the night, to see a poor fellow said to be dying of cholera on a flatboat which had just landed. I found him collapsed; he was cold and blue, with frequent rice-water discharges, and horribly cramped. His voice was husky, pulse feeble and fluttering; he was tossing about continually, begging his comrades to rub his limbs. I immediately wrote a prescription for pills of calomel, morphine and capsicum, and dispatched a messenger to a drug store. This was to be my reserve corps—ready for use if the infinitesimals failed. I consulted the printed direction: they ordered *cuprum* when the cramps seemed to be the prominent symptom. I dissolved some pellets in a tumbler of water, and gave a teaspoonful every five minutes. I administered the simple remedy, apparently nothing, with incredulity and some trepidation. "I have no right," said I to myself, "to trifle with this man's life. If he is not better when the pills come, I will give them as rapidly as possible."

Oh! for a strong word at that moment from James John Garth Wilkinson, of London, or a page of his luminous writings, which coruscate athwart the darkness of his age like the fire of heaven—Wilkinson, whose renown is such that Emerson declares him to be the greatest man he saw in Europe!—(mark you—a homœopathic doctor!)—"the Bacon of the nineteenth century," whose mind has "a very Atlantic roll of thought!" How I could have been encouraged and strengthened by such a paragraph as this from his "War, Cholera, and the Ministry of Health."

"The dimensions of power are not weighed by scales, or told off on graduated bottles, but reckoned by deeds alone. When I am called to an inflammation, I know that *aconite* and *bella-donna* in billionths of a drop are a vast healing power, because

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I have cured, and daily do cure, formidable inflammations in their outset by these means. I look upon my little bottles as giants—as words that shake great diseases to their marrows, and into their ashes, and rid the whole man of a foe life-size. Away, then, with the bigness based on quantity, and which sits like a vulgar bully in the medical shops. Great cures determine the only greatness which sick men or their guardians can recognise in medicine."

The messenger had gone for the pills a good way up town. He had been obliged to ring a long while before he could rouse the sleeping apothecary, and it was quite three-quarters of an hour before he rushed on the boat with the precious allopathic parcel. My patient had become quiet; his cramps had disappeared, and he was thanking me in his hoarse whisper for having relieved him of such atrocious pains. The allopathic parcel was laid on the shelf. I consulted my printed directions again. *Veratrum* was said to be specific against the rice-water discharges and cold sweats, which still continued. I dissolved a few pellets of *veratrum*, and ordered a teaspoonful every ten or fifteen minutes, unless the patient was asleep. Before I left the boat, however, an allopathic qualm came over me, sharp as a stitch in the side, and I left orders that if the man got any worse, the pills must be given every half hour till relieved, and I might have added—or dead.

I retired to my couch, but not to sleep; like Macbeth, I had murdered sleep—at least for one night. The spirit of allopathy, terrible as a night-mare, came down fiercely upon me, and would not let me rest. What right had I to dose that poor fellow with Hahnemann's medicinal moonshine, when his own faith, no doubt, was pinned to calomel and opium, and all the orthodox pills, potions, poultices and porridges! I had not told him that I was going to practice homœopathy on him. His apparent relief was probably only a deceitful calm. Perhaps he was at that moment sinking beyond all hope, owing to my guilty trifling with human life. He was a drowning man, calling for help, and I had reached him only a straw! I was



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overwhelmed with strange and miserable apprehensions. I longed for the morning like a sick man, for I *was* sick in conscience and at heart.

I left my bed of thorns at day-break, and hurried to the boat, trembling with fear lest I should find the subject of my rash experiment cold and dead. He was in a sweet sleep. The sweating and diarrhœa had disappeared, and a returning warmth had diffused itself over his skin. He was out of danger; and he made the most rapid convalescence that I had ever witnessed after cholera. I was delighted: a burden had been lifted from my heart—a cloud from my mind. I began to believe in homœopathy. I felt like some old Jew who had witnessed the contest between Goliath and David. How amazed he must have been when the great giant, who could not be frightened by swords or bludgeons or brazen trumpets, fell before the shepherd boy, armed only with a little pebble from the brook!

I remembered my case of croup, which Doctor Bianchini had cured so quickly, and I felt like giving the new treatment a little more credit for the cure. Let not my reader imagine, however, that I went enthusiastically into the study and practice of homœopathy, as I ought to have done. No, indeed!—it was two long years of doubting and blundering before I was willing to own myself a homœopathist. We may be startled into admissions by brilliant evidence like the above, but we really divest ourselves very slowly of life-long prejudices and errors. I have cured many a man with infinitesimals, and found him as sceptical as ever. I myself witnessed the triumph of these preparations in scores—yes, hundreds of cases, before my mind advanced a step beyond its standing-point—"There is something in homœopathy, and it deserves investigation."

My father, like the sensible man he was, did not sneer or scoff at my homœopathic experiments: he recognised the partial truth of the principle—" *Similia similibus*." He used to say that he had too frequently cured vomiting with small doses of *ipœcac.*, and bilious diarrhœa with fractional doses of *calomel*, to question the fact, that a drug in minute quantities might relieve the very symptom which it produced in large ones. He

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came in one day from a bad (really hopeless) case of cholera, and proposed I should try my *cuprum* and *veratrum* on it. The poor fellow died, and quite a damper was thrown on my young enthusiasm. We expect everything—perfection, magic, miracle—from a new system. Allopathy may fail whenever it pleases—it has acquired the privilege by frequent exercise of it; but let homœopathy fail, and all inquiry ceases, until something forces it on our attention again.

When I visited Cincinnati, soon after, I had interviews with Mr. Barrett, and also with Doctor N. C. Burnham, the first homœopathic physician I ever conversed with, and obtained much surprising information about the homœopathic treatment of cholera and other diseases. I supplied myself with books and medicines, and began the systematic study of the system. I confess I found it very difficult, and even repulsive, with the limited material at our command at that time. I discovered, however, what many allopathic explorers fail to discern, that homœopathy offers us the only medical theory which professes to be supported by fixed natural law, and that it requires thorough scientific training to understand it properly, or to prosecute it successfully. I wonder now at the slow reception—the lazy, frequently interrupted study—the apathy, the indifference of that period. I would sometimes practice allopathically for weeks together, and only think of homœopathy in obscure, difficult, obstinate, or incurable cases.

Singular injustice is perpetrated against homœopathy every day by both physicians and people. The allopathic incurables—the epileptics, the paralytics, the consumptives, the old gouty and rheumatic, and asthmatic and scrofulous, and dropsical and dyspeptic patients—come to the homœopathic doctor for prompt, brilliant and perfect cures. Failing to obtain these after a few days' or a few weeks' trial, they go away, and disseminate a distrust of the value of homœopathic medication. All these cases are treated better in the new than the old way. They are more frequently cured—much more frequently relieved; they live longer, with less pain and more comfort. But these are not fair test cases of the power of homœopathy.

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When allopathy cleans its Augean hospitals of all such *opprobria* it will be time for us to show equal omnipotence. If a man wishes really to discover what homœopathy can accomplish, let him try it in acute, sharply defined, uncomplicated diseases, such as cholera, croup, erysipelas, pneumonia, dysentery, hæmorrhages, neuralgia, and the various forms of inflammation and fever. Having settled its value in these simpler and better understood diseases, he can advance to its trial in the more complex, and he will never be so much disappointed as to be willing to relapse into the old cobweb theories and practices of the past.

The dysentery followed the cholera throughout the western country. I treated many cases homœopathically, and with admirable results. I had occasion to try my new practice on myself in this painful disease. I persisted in the use of my infinitesimals, although I suffered severely; and my father, becoming impatient, brought me a delicious dose of calomel and opium, which he requested me to take. I declined doing so, on the ground that I ought to be as willing to experiment upon myself as upon others. I made a rapid recovery. I had not then become as zealous a believer as a distinguished legal friend of mine in Mississippi, who vowed that he expected and intended to live and to die under homœopathy—to make an easy death and a decent corpse. I could not boast, either to myself or others, of the special superiority of homœopathy over the old system in dysentery, because my father's allopathic practice was quite as successful as mine. He gave very little medicine, and dieted very strictly. I insisted, however, and I believe correctly, that the average duration and severity of the disease were less under the new than under the old system.

In 1850 I moved to Cincinnati, and entered on a wider and more stimulating field of thought and action. My professional activities were sharpened and brightened; and yet, strange to say, my interest in homœopathy waned and almost expired. I had the books and medicines in my office, and occasionally prescribed according to the "*similia similibus*;" but my studies, my associates, my ambition, and my general practice were

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allopathic. I kept aloof from homœopathic physicians. I professed to believe that homœopathy had some indefinable value, but had received too imperfect and obscure development as yet to be trusted at the bedside. I wrote my first medical essay for an allopathic journal. When I reflect on this course of mine, I am not surprised that a family sometimes uses homœopathy for a while, seems very much pleased with it, having every reason to be so, and then quietly glides back, under the influence of personal friendships or fashion, into the old, respectable, well-regulated dominions of calomel and Dover's powder.

Every man has a magnetic or spiritual sphere emanating from him, which tends to bring others into *rapport* with him, and so impose his opinions and views upon them. A society or institution, whether a church, a political party, or a scientific school, is a large sphere, the aggregation of the individual ones, which has a powerful magnetic quality, binding all the similar parts in strict cohesion, and repelling from it every thing dissimilar which would resist its bonds or question its authority. The majority of men are unthinking, and they are drawn and held, like little particles of iron about a magnetic centre, unconscious of their slavery, and fondly believing themselves capable of independent thought and action. The medical profession—a vast, learned, influential and “intensely respectable” body, insensibly exhales from itself a sphere of dignity, authority and power well calculated to reduce its subordinates to a respectful submission.

This was the secret of my vacillation of opinion. My hopes, my aspirations, my friendships, my social position, were all associated with the old medical profession. I was again, as at Philadelphia, in the charmed atmosphere of colleges and journals, and hospitals and dispensaries, and medical authors and genial professors. I loved the books of the old school; I admired its teachers, respected their learning, and coveted their good opinion. To array myself against what I so much honored and respected—to cut loose from these fashionable and comfortable moorings—to throw myself into the arms of those

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whom I had been absurdly taught to consider as less respectable, less scientific, less professional than myself and friends, was a task difficult to accomplish. The discovery and the acceptance of truth are alike painful. It is a continual warfare with one's self and the world: it is a fight in which defeat is moral death, and in which victory brings no ovation. My inglorious repose under the shadow of the allopathic temple was suddenly broken by the iron hand of a better destiny.

In the spring of 1851 I visited an uncle in the extreme South. I glided along on the swelling bosom of the great Mississippi, whose throb was communicated through countless tributaries to an area of European dimensions. I enjoyed the sunny air, the delicious perfumes, and the boundless luxuriance of that rich climate, which blends the charms and beauties of the temperate zone with those of the tropics. I threaded the dingy mazes of the Red river far upward toward its source, and hunted wolves and wild cats in the forests of Texas. I burst the thrall of books and parties and schools, and in the vast solitudes of nature I inspired a new air, a new spirit, a new liberty.

I was returning to Cincinnati, refreshed and invigorated by my excursion, when the cholera broke out among the German immigrants, who crowded the lower deck of the steamboat on which I had taken passage. The clerk of the boat, a personal friend, came to me and told me that I was the only physician on board, and requested my assistance for these poor people. I was surveying the medical stores in the large brass-bound mahogany chest which our river boats always keep, when the clerk remarked to me, "Ah, doctor, I have got a better medicine chest than that, from which I select remedies for such passengers as have good sense enough to prefer homœopathy to allopathy." With that he brought out a nice little homœopathic box, and I determined at once to make a grand homœopathic experiment on our Teutonic travellers. I committed the same ethical impropriety which saved the life of my flatboatman; but I made the fact, that I had no confidence in allopathy for cholera, and the wishes of the officers of the boat, my excuse.

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We put every new case on *tincture of camphor*, one drop every five minutes—enjoining absolute rest and strict diet. The fully formed cases were treated with *cuprum*, *veratrum* and *arsenic*, according to the symptoms. Many cases of cholera were immediately arrested. Thirteen passed into fully developed cholera, of which two were collapsed. There was not a single death. This outburst may have been of milder type than usual, for similar epidemics have occurred on plantations, many cases with inconsiderable mortality. I did not think of that or know it at the time; and my success made a powerful impression on my mind in favor of homœopathy. Two old school physicians came on board at Memphis, and were all suavity, examining my cases with great interest, until they learned that I was practicing homœopathy on them, when they turned up their noses and withdrew to a distance quite as agreeable to me as to themselves.

The discovery of the planet Le Verrier, by the great French astronomer, is often adduced as one of the most splendid triumphs of human genius. No eye had ever seen the distant globe. Le Verrier conceived the idea that a certain perturbation in the movements of the planets could be accounted for only on the supposition of the existence of another planet, of certain dimensions, occupying a certain orbit, at a certain distance beyond all the others. Powerful instruments were brought to bear on the sidereal spaces, and the new orb, first discovered by the mind, was revealed to the eye. The only fact in history which matches it in grandeur, and excels it in utility, is the prediction by Hahnemann, that *camphor*, *cuprum* and *veratrum* would be found the best remedies for cholera. No European physician had ever seen the Asiatic plague. No experiments had been made—no theories tested. Hahnemann, without ever seeing a case or prescribing for a patient, being guided by the eternal therapeutic law, which he had discovered, "*Similia similibus curantur*," predicts the successful treatment as confidently as he would have directed the proper course of a vessel by the help of the magnetic needle.

I returned to the study of homœopathy with redoubled zeal.

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I not only read Hahnemann, but everything I could get hold of bearing on the subject, for and against. I can especially recommend to the beginner the back numbers of the *British Journal of Homœopathy*, a splendid monument of homœopathic learning and talent, still flourishing, in its twenty-fifth volume. I also proved medicines on myself—*aconite*, *nux vomica*, *digitalis*, *platina*, *podophyllin*, *bromine*, *natrum muriaticum*, and *eryngium aquaticum*, and became convinced experimentally of the truth of those homœopathic teachings about the action of drugs, which are revolutionizing the *Materia Medica*. I sought the acquaintance of homœopathic physicians, and found Doctors Pulte, Ehrmann, Price, Parks, Gatchell, Bigler, and others, intelligent and cultivated gentlemen—the equals, morally, intellectually and socially, of their bigoted and ill-informed traducers. I began also to practice homœopathically, with more precision and success than before. Indeed, I was bursting my chrysalis shell, and getting ready to soar into the golden auras of a better philosophy.

The last case I treated out and out allopathically was that of a dear friend, a promising young lawyer. He charged me especially not to try my little pills on him; for my use of homœopathy was getting to be pretty generally known. So I treated his case, typhoid fever, with as much allopathic skill as I could display. He became worse and worse. I called in the distinguished Doctor Daniel Drake in consultation, and Professor John Bell, of Philadelphia, then filling a chair in the Ohio Medical College, was added to the list of medical advisers. My poor friend lived six or seven weeks—his constitution struggling, like a gallant ship in a storm, not only against his disease, but against the remedies devised by his well-meaning doctors for his restoration. Modesty of course demanded that a young man like myself should stand silent and acquiescent in the presence of such shining lights of the medical profession. But the spirit of free criticism had been awakened in my brain, and I watched the every-varying prescriptions they made, and the shadowy theories upon which they were based, with mingled feelings of surprise, incredulity and pity. I mean no disrespect

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to these eminent and excellent gentlemen, both of whom treated me with the most genial civility, and paid me social visits after my formal separation from the old-school profession; but having seen allopathy practised in a long and painful case, in the best manner and spirit, by its best representatives, I determined to abjure it, *as a system*, for ever.

This determination was arrived at by the contrast between the two systems, which I was now enabled to make by my previous study and practice of homœopathy. A few years earlier I would have received the dicta of Doctors Drake and Bell as words of oracular wisdom—I would have taken notes of the principles and practice involved in the case, and would have thought I had gained some invaluable knowledge from these consultations. What jargon to me was all their learned phrases about correcting secretions, equalising the circulation, allaying irritation, obviating congestion, determining to the cuticle, etc., and all their various means and measures for doing these things, when I knew that *bryonia* and *rhus*, in very small doses, prevented the development of the typhoid condition, for the very simple reason that they produced it in large ones—every drug having opposite poles of action, one represented by large doses, and the other by small! How useless, and even injurious, were their opium and hyosciamus and lupulin, etc., checking secretion, benumbing sensibility, obscuring the case, when a few pellets of *coffea* would have produced sleep or quieted irritability! And then, how much better infinitesimal *arsenic* or *mercurius* would have checked that obstinate diarrhoea than all the chalk mixtures and astringents in the *Materia Medica*! And so of every feature in the case. The fact is, there are many exceedingly valuable empirical preparations in allopathy, for this, that, and the other morbid state or symptoms; but the general mode of philosophising is false, vicious and irrational, and the resulting practice frequently destructive: therefore, although I might continue to give quinine for intermittents, bismuth for gastralgia, etc., still as I discarded all the allopathic theories, and nine-tenths of their practice, having a better system, thoroughly practical, safe, prompt,



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pleasant and efficacious, I could no longer call myself, or consent to be called, an allopathic physician.

Now arose a delicate and difficult question. If you believe that homœopathy is merely a reform in the highest sphere of medical science—that all scientific culture is preliminary, necessary, and adjuvant to it—if you intend retaining many of the best old-school empirical prescriptions, because your new system, although magnificent as far as it goes, is still imperfect,—why do you cut yourself off from your old friends and associates, and assist in founding a new and antagonistic School of Medicine, instead of infusing the spirit of your reform into the old one? Ah! but could I have done this noble work? Could I have taught the power of infinitesimals, and have reported my homœopathic cures in the established journals of medicine? Of course not. That failing, could I have written books on homœopathy, contributed articles to homœopathic journals, consulted with homœopathic physicians, and have remained in good standing and loving fellowship with the intolerant members of the Medico-Chirurgical Society? Of course not. My dignity, self-respect, candor, honesty, and spirit of independence, all demanded that I should send in my resignation to that Society, as to a party of gentlemen to whom my opinions and practice had become obnoxious.

I have now been a homœopath for fifteen years. I have practiced it in all our Southern diseases for thirteen years. Having studied both sincerely, I can contrast the two systems correctly. In all acute diseases, from the worst of them, cholera and yellow fever, to the earache or a cold in the head, homœopathy cures more frequently, promptly and perfectly. In the chronic and organic diseases it sometimes achieves brilliant results; but in some obscure, complicated or incurable cases, we have still occasionally to borrow the empirical crutches of allopathy, for which we are sincerely grateful. Having been true to myself and my conscience, and, as I firmly believe, to science and humanity, I have so long ignored the scoffs, the taunts, the base insinuations of some of my old confrères, that I have almost forgotten they ever existed. Homœopathy enjoys

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a steady, beautiful, perpetual growth, although the London *Lancet* still vomits its falsehood and slander, like the great flood of water which the dragon ejected after the woman in the Apocalypse.

Homœopathy is not becoming more allopathic, as some suppose, because the new converts who are crowding into our School retain more or less of their old opinions and practice. The genuine Hahnemannian spirit—the spirit of *similia* in theory and infinitesimals in practice—was never more vital or progressive. It is the hope of our medical future—the guiding star of investigation—the pivot of truth.

As to our professional assailants—the Simpsons, the Hookers and Holmeses of the day, and those who echo their oft-refuted statements, as they understand homœopathy about as well as the prosy old Dane did the character of Hamlet—we toss them the line of the poet—

“And you, oh, Polonius! you vex me but alightly!”

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A FEW REMARKS  
ON SOME FORMS OF SPINAL CURVATURES AND  
THEIR EFFECTS ON THE GENERAL HEALTH.

By Dr. BAYES.

(Read before the *Midland Counties Homœopathic Medical Association*,  
on June 14th, 1866.)

THE subject of spinal curvature involves so many points demanding consideration, that I must confine myself within certain narrow limits in my present paper. I do not purpose to bring before your notice the anatomical peculiarities of spinal curves, nor the causes to which they owe their origin, but shall restrict myself to reviewing some of the effects which they induce upon the general health.

Spinal curvatures, as we all know, may be broadly divided into the *antero-posterior* and the *lateral*. It is to these last that I chiefly desire to draw your attention; and I intend to limit myself, even with these, to some of the more striking of the cases which have come under my own personal observation.

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I would premise that this disease chiefly affects women and girls, and is far more rarely to be met with in men and boys. The cause of this is probably to be found in the *sedentary* influences brought to bear upon our female classes. When the curvature has existed for many years, and has caused considerable distortion, its perfect cure has become impossible ; yet it is in this stage, only, that it is usually brought under the eye of the physician or surgeon. It then becomes only possible to palliate and alleviate ; the symmetry of the body is gone, and with that loss of symmetry all possibility of *perfect health* is lost also. Hence it becomes a very important point to detect spinal curvature in its earliest stage, while it is yet possible to perfectly re-erect the spine, and restore to it its healthy symmetrical position.

It very generally occurs that the effects of spinal curvature upon some distant organ or function are the cause of bringing the patient under the physician's care, and that these effects are much more marked than the direct spinal symptoms ; so that until the spine comes to be carefully examined, the patient and her friends may have been unaware that distortion existed.

The *effects* most frequently met with may be thus classed :—  
*Firstly.* Those which manifest themselves in disturbances of the cerebro-spinal system. They often occur before the curvature would be noticed by any but a professional eye.

*Secondly.* The alterations of the functions of the thoracic and spinal viscera. These usually mark a severe and advanced stage of the disease.

*Thirdly.* The effects upon the muscular system. These belong to severe cases of long standing.

Among the *first* class, viz., cases in which the cerebro-spinal symptoms are the most prominent, I would particularly point to the following, first premising that I omit those which are not *specially diagnostic*.

*Obstinate pain in the centre of the vertex.* Some patients describe it as a whirling sensation at the top of the head ; others say it is a very light feeling in the top of the head ; others,

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again, describe it as a pain extending from the posterior portion of the palate-bone upwards to the parietal articulation.

With this pain, patients often complain of occasional *attacks of unconsciousness*. Whenever I now meet with a patient complaining of having been the subject of this pain for any length of time, and find that all treatment has hitherto been in vain, I examine the spine, and seldom find that this symptom misleads me. A curvature is almost always present, with more or less spinal irritation.

Very recently, such a case has presented itself to me. A young lady of 21 fell down in a fit, as she was attempting to leave her pew at church. There was no struggling or contortion of the muscles or face; it was clearly *not epilepsy*. Her face was flushed, hence it was equally clear that it was not an ordinary *faintness*. There was no rigidity of limb, and this put *cataplexy* out of the question. In a little while she was able to walk home, but felt extremely languid and faint. The history of the case, had the brain symptoms been absent, would not have indicated the spine as the seat of disease; there was no complaint of any pain, except in the vertex; and the prominent symptom was vertigo and extreme giddiness. Two years before, she had several similar fits of unconsciousness, and had ever since suffered, at times, from the vertigo and pain in the vertex. I ought to name that her pupils were extremely dilated,—a condition often observable in patients suffering under spinal curvature.

On examination of the spine, which I made (as I always do when practicable) by placing the patient in an upright position, resting with both hands on the back of a chair, with both heels close together, I found a single curve involving the whole dorsal and two or three lumbar vertebræ. The right scapula was an inch and a half, at least, higher than the left; when a line was drawn straight from the cervical vertebræ to the sacrum, the curvature of the spine was seen with its convexity towards the right side, and at the centre the deflection of the spinous processes from the median line was about an inch and a half. The greatest tenderness was along the *left side* of the upper dorsal

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and lower cervical vertebræ ; but at the lower part of the curve the greatest tenderness was on the right side of the upper lumbar vertebræ. There was comparatively little tenderness over the spinous processes, but great tenderness over the transverse.

It may be thought that this degree of *curvature* was not so great as to give one much uneasiness; but Mr. William Adams, in his admirable lectures on "Curvature of the Spine," has clearly pointed out that the apparent external curvature, as shewn by the position of the *spinous processes*, does not indicate the whole amount of displacement which is present. Even when the spinous processes are nearly in a straight line, he shews, from careful dissection, that the bodies of the vertebræ may nevertheless be *rotated* to a very considerable degree of *distortion*, so that, viewed anteriorly, a serpentine degree of curvature may be seen, while posteriorly little can be detected by the eye ; but in these cases, a deeper examination by touch will give us a clearer appreciation of the extent of real curve by noticing the direction of the apices of the spinous processes, and in cases where the muscles of the back are not very greatly developed, we can also detect the deflections of the transverse processes, at least approximately. Where the curvature is dorsal, the distorted direction of the ribs will also mark the degree of curvature.

In the case above referred to, I also found another symptom which is rather frequent in the disease—a sense of extreme sinking at the epigastrium.

In another case, on which I was consulted for cerebral symptoms, very similar to the above, and in which the spinal irritation and general debility were extreme, the dilated condition of the pupils was also well marked. This young lady had been under the care of many physicians, who, with one exception, had entirely overlooked the curvature. This physician, who had told her that she had a *slight curve*, still trusted wholly to extremely infinitesimal doses of medicine to cure her, and of course failed to do her any permanent good. One told her he could cure her in three months—another named two years; but

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the curvature was neglected, and the spinal irritability was made the sole indication for treatment. Of course such mis-directed efforts resulted in no good, and the patient was in point of fact rather worse than when, some years before, she first sought medical aid. She was passing into the *second stage*: the curvature of the spine already had, to some extent, distorted the cavity of the thorax; the twist in the spine flattened one side of the chest, and forced outwards the angles of the ribs on the other; a troublesome cough already complicated her ailments, and alarmed her friends with fears of consumption. All these symptoms speedily were reduced, and the general health greatly improved, by the wearing of a well-made spinal support.

One other case, possessing special interest in a diagnostic point of view, occurs to me: I was called to see a lady of between 30 and 40 years of age, suffering from extreme nervous exhaustion, for which stimulants had been prescribed in rather large quantity. This lady had been subject from the age of 16 or 17 to fits of unconsciousness similar to those above alluded to: there was the vertigo; vertical headache; flushed face; unconsciousness *without fainting*, without convulsions, without rigidity. But the peculiar symptom which gave her most distress was her fear of blindness; she felt as if her eyes were always aching and tired. They had lost their lustre, and looked sunken; but otherwise there was no appearance of disease in the eye itself. There was want of power to read or work, and even to use the eyes for any purpose, if she was fatigued. Walking aggravated all these symptoms. The patient was a person of strong mind, and by no means hysterical or nervous. On examining her spine I found a slight lumbar lateral curvature, with decided prominence also in the spinous processes of the two upper lumbar vetebræ. This patient and her friends were so alarmed about the state of her eyes, that she was determined to go to consult a London oculist so soon as she was strong enough to travel. I told her that by the time that she was strong enough to travel, it was my opinion that her eyes would be too well to require the journey. I prescribed an inclined plane with a mattress having a longitudinal depression

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down the centre for the whole length of the spine, so that in lying down no pressure should be made on the spinous processes. In a very short time, by this means and the use of appropriate medicines the faint sensations wholly disappeared, the whole cerebral symptoms were removed, and the eyes improved so greatly as to enable the patient to work and read without discomfort for several hours daily. It was a peculiarly marked case, because the power to read and work first came only in the *recumbent position*, and was lost when sitting or standing. I have seen similar phenomena in *anæmic* patients before; but in this case there was no *anæmia*, the patient was well-coloured—in fact, rather florid, and the pulse good and full. The brain symptoms, headache and vertigo; the extreme sense of sinking; the partial blindness;—all were owing to the *mechanical condition* of the spine, and by *mechanical position* were averted. I wish to draw special attention to this case, as it embodies much practical instruction. I ought to add that the stimulating treatment, which had fairly failed, after months of patient trial, was wholly withdrawn by me, and the patient restricted to a glass or two of claret at dinner, and this to be taken only occasionally.

When the spinal curvature increases, other effects occur: the twisting of the bodies of the vertebræ distorts the ribs, more or less, altering the shape of the thorax; and as the length of the spinal column is, more or less, shortened by the greater or lesser curve, the thoracic and abdominal cavities are shortened also;—hence, in severe cases there is not one single organ in either of these cavities which is not, in some degree, the subject of compression and distortion. The thoracic viscera and the liver chiefly suffer; and when we consider the extreme importance of these organs to life and health, we readily see the great interests that are at stake in the preservation of the natural symmetry of the spine, and its restoration to straightness where deviation has already occurred. *Asthma* in young girls and young women very often results from this cause; and as the great arterial and venous trunks are all, in some measure, compressed and distorted, we meet with a variety of ailments, dependent upon

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arrested circulation. The limits of my paper will allow it to be little more than suggestive, and I must therefore pass on to say a few words on the *indications for treatment*.

The whole of the ailments to which I have alluded may be accounted for by mechanical causes, and are to be remedied in their early stages by mechanical means, and by such medicines as tend to strengthen the osseous and cartilaginous tissues. A very elementary acquaintance with physics is sufficient to shew us how much power is lost by even a slight curvature in a support: an iron rod which will readily bear a hundred weight if it be perfectly upright, will bend quickly to the ground if deflected but one inch from the straight line. In the same way the spine, which when straight bears with ease the weight of the head and shoulders, becomes quite unable to support the same weight when curved and twisted; and this twisting and curvature increases in an increasing ratio, if exercise without support is persisted in, after once a *curvature* has become permanently developed.

When a very slight curvature comes under my notice, in a person otherwise healthy, where the muscular development is deficient and the nervous system irritable and debilitated, I have generally found the best treatment to consist in sponging the spine with hot and cold water in alternation; beginning by sponging for from two to five minutes with hot water, every night, followed immediately by a spongeful or two of cold water. The subsequent infriiction of a little spirit embrocation has a most soothing influence. Gentle and gradual gymnastic exercises should be employed once or twice a day; and, finally, two to four hours' rest on an inclined plane, on which should be placed a thin mattress, with a longitudinal depression corresponding with the spine.

But this treatment is not applicable when the curve is decided, and when distortion of the thorax has already become confirmed; gymnastic exercise is then hurtful. On the best treatment for these cases great difference of opinion exists. The gymnasts think that by strengthening the muscular structures the spine will be pulled into its place. My own experience is, that in these



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cases gymnastic treatment, alone, is mischievous, and is more likely to cause *irritation of the spine* than to cure the patient. On the other hand, there are advocates for rest—men who coolly prescribe two years of perfect rest in a recumbent position. To this treatment I still more strongly object, from its obviously bad effect upon the general health.

The middle course is that which most commends itself to the judgment, and proves of the greatest practical utility. The scientific application of mechanical support, by which the spine is relieved from the downward pressure of the head and shoulders, is essential, as it enables the patient to take as much exercise as is needed to keep the bodily functions in good order. In addition to this, the recumbent position should be insisted on for from two to four hours a day, and the sponging the spine with alternate hot and cold water.

This treatment appears to me to offer the best chance for the restoration of health in cases of severe spinal curvature. Even when *cure* is out of the question, two or three years of this artificial support enables the parts to become accustomed to their new position, and permits hardening of the bony structures, so that further displacement is averted, and we are often thus able to render the life of a patient very bearable, and even pleasurable, although the curvature may be utterly incurable.

The instruments from which I have seen the most benefit have been those whose construction affords support by means of crutches, fastened below to a zone surrounding the hips, and admitting of elevation or depression. When there has been much rotation of the bodies of the vertebræ, as shewn by the prominence of the ribs on one side and the depression on the other, graduated pressure by means of a firm pad should be also arranged.

I hope that the few practical observations I have thus brought together, and the suggestions I have made, may be the means of educing many valuable hints from the experience of others upon the important class of cases grouped together under the title of Spinal Curvature.

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## REVIEWS.

*The Anatriptic Art: a History of the Art termed Anatripsis by Hippocrates, Tripsis by Galen, Frictio by Celsus, Manipulation by Beveridge, and Medical Rubbing in ordinary language, from the earliest times to the present day.* By WALTER JOHNSON, M.B., Great Malvern. Simpkin, Marshall & Co., London, 1866.

This small, yet learned and practical volume should be in the hands of every homœopathic practitioner who desires to be on a par, at least, with his allopathic brother in varied medical knowledge. The value of mechanical treatment, in chronic diseases especially, is now so well recognised by the leading members of the profession, that a ready acquaintance with its practical details is demanded of us all, if only to keep pace with our opponents. At the beginning of last year we drew our readers' attention to Dr. Blundell's work, which aimed chiefly at a popular history and exposition of the various branches of mechanical treatment, embracing frictions, exercises, percussions, ligatures, and the like; and we have now much pleasure in welcoming, as we do most cordially, this excellent contribution of Dr. Johnson to the same subject.

It is not only a history of but a practical lesson in the art of using *friction*, which its readers will find not so simple as they imagine. It is embellished with a woodcut of the instruments used, chiefly for percussion, in Admiral Henry's remarkable case, now too little known. Altogether we think none will grudge the *eighteenpence* the book will cost them.

We may, however, call attention to one of the most novel and interesting portions of the work—namely, the account of the system of manipulation of the late Mr. Beveridge and his son. Beveridge the elder acquired a considerable reputation throughout the kingdom as a rubber and curer of *sprains*, bringing people of all classes to Edinburgh to be under his care. He was an earnest, though untutored man, medically at least, and in consequence of his crude expression of the facts and appearances which came under his observation he excited the mirthful ire of the present Sir J. Y. Simpson, who played him the same sort of trick he did Professor Henderson, both tricks being equally

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unworthy of the man who has since attained so distinguished a position. The defects of the father were, however, subsequently remedied in the son, who was regularly educated and qualified for the medical profession, so that it is to the written views of the latter Dr. Johnson chiefly directs our attention. The peculiarity of Beveridge's rubbing was that he employed chiefly the thumb and fingers, whilst the flat hand is common to most operators. His theory that "a great many diseases (such, we presume, as friction should be applied to) are produced by fluids which exude out of joint cavities" is founded, as Dr. Johnson correctly says, "upon the observation of certain facts not generally known."

"If any surgeon or physician," he adds, "who has not hitherto had his attention directed to this point, will manipulate the flesh of his patients, he will be surprised to find in how many cases he will detect thickenings, hardenings and swellings in various parts."

Now Mr. Beveridge looked upon all or most of these as allied to old *sprains*, and was no doubt "too hasty in his generalisation;" but the *facts* remained.

"A young gentleman, son of a wealthy merchant, was for many years subject to epileptic fits. He was treated in vain by the most eminent physicians of London and Edinburgh. At last he was cured by Mr. Beveridge. Mr. Beveridge discovered a crop of deposits, rubbed them away, and the lad got well. I knew the young gentleman, and I knew his parents, and there is no doubt of the truth of the statement. What were those deposits which Mr. Beveridge rubbed away? I observe them continually in my own patients, and I have rubbed them away—to the great benefit of the sufferers. But in many cases I do not know what their nature is; I do not think them for the most part in any way connected with sprains. Sometimes they are rheumatic, sometimes they are scrofulous, but very often they are neither. Certainly the external tissues of our bodies are liable to morbid changes which are very little noticed, and, therefore, very little understood."

Our own experience quite confirms the latter emphatic statement. But we trust every member of our body is now alive to the value of time-honoured *friction* and *manipulation*, and will

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ponder over the practical portion of the book, as well as the ancient and modern theories of their uses among the *artes medendi*. The testimonies of writers from Celsus down to the author already quoted are freely given in the work, and greatly enhance its value. The chapter on the pathology of *friction* should be especially studied; whilst Dr. Johnson's theory of the intermittent action or breaking of the *vis nervosa* current in *friction* is the best with which we are acquainted.

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*The British Journal of Homœopathy.* London: Turner & Co.  
July 1866.

This number opens with an article on the "Purely Symptomatic Selection of Medicines and Radical Cure," by Dr. V. Meyer. The writer gives—*a*, a case of severe headache, of six months' standing, in a chlorotic girl, cured with 3 *globules of spigelia* 30; *b*, a case of severe pain in the left abdominal region, with a sensation as of "some living creature moving in the left side of his body." This case was cured by 2 *drops of the 12th centesimal dilution of spongia* every evening for eight days. On the strength of these two cases Dr. Meyer pronounces that "Generalising is fatal to homœopathy; and Hahnemann's doctrine would assuredly hold a higher position in the present day, if we (I include myself) had not too conceitedly forsaken the road pointed out to us by our master and his immediate disciples." We would suggest to Dr. V. Meyer that two cases are too small a number to enable him to pronounce in favour of "symptomatic indications" in opposition to "pathologic indications." We would also remind him that there is a very wide difference between the giving one dose of 3 *globules of 30th dil.* for the cure of a chronic disease and 2 *drops of the tincture of the 12th repeated every night for eight nights*. Are we to consider that these cases contained some *inherent difference* which made the larger and repeated dose needed in the one and the single very minute dose more suitable to the other? If so, the author should have pointed this out. Again, were these simply *chance hits*, or may we expect always to cure a headache with similar

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symptoms with *one single dose of 3 globules of spigelia 30*, or a similar pain in the *left side of the abdomen accompanied by the sense of a living moving thing within by eight consecutive doses of 2 drops of spongia 12*? To erect these cases into anything more than fortunate coincidences, requires a number of corroborative instances of the same disease cured by the same means; in the absence of such testimony we attach very little value to their relation.

2. "On the Causes of the Dearth of Homœopathic Medical Recruits," by Dr. Watzke, Vienna, is a paper worth the serious consideration of our leading physicians. We incline to think that the *seventh and last* reason given is really the *first and the greatest*, viz., "The want of theoretical and clinical professorships of homœopathy." A very large number of the allopathic profession would willingly study homœopathy were there some "*men to guide them*." Our literature wants arrangement, and our principles and practice require *public demonstration*.

3. "Laryngitis Syphilitica," an excellent practical paper by our well-known colleague, Dr. Meyhoffer, of Nice.

4. "On the Relation of Peruvian Bark (*Cortex Chinæ*) to Intermittent Fever," by Dr. Langheinz, of Darmstadt (continued).

5. "Chelidonium Majus, L.," by Dr. O. Buchmann, of Alvensleben (continued).

6. "Observations on the Turkish Bath," by Henry R. Madden, M.D. A good practical paper, pointed by its well-chosen brevity of expression.

7. "New Hospitals for the Sick Poor of London." This subject, which is now engrossing much attention, is carefully and well considered. The writer advocates the plan of establishing half a dozen or more well-ordered hospitals in place of the thirty-nine or forty miserably managed workhouse infirmaries.

8. "Notes on Causticum," by Francis Black, M.D. We are glad to welcome the new activity of our colleague's pen. This medicine has been loudly praised by some homœopaths, while others deny its virtues altogether. The writer gives some very

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interesting and instructive cases, proving its value in certain forms of tracheal cough.

9. "Reviews."

10. "Clinical Record," rich in cases of practical interest, from many pens. "Two Cases of Sciatica treated by Hypodermic Injections of Morphine," by Dr. McSwinney, of Galway, bear very strong testimony to the efficacy of this method of treatment, as also do "Two Cases of Acute Rheumatism treated with Subcutaneous Injection of Atropine," by the same practitioner.

11. "Miscellaneous." "Fragmentary Provings of Drugs," by H. W. Robinson, B.A., L.R.C.S., and some other minor papers, complete a good number of the Journal.

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*American Homœopathic Observer.* Edited by E. A. LODGE, M.D.  
August 1866. Detroit, Michigan.

This number of our American contemporary contains several practically useful articles. The first gives a proving of the *Pernanganate of Potash*; the subjects being the author of the paper, Dr. Allen, of Chicago, his partner, Dr. Tufford, and two medical students. The influence of the drug was chiefly marked upon the upper parts of the pharynx and larynx, the uvula, tonsils and soft palate. The practical inference drawn by Dr. Allen from his observations is that in the treatment of diphtheria it is likely to prove of great value. He says:—

"It appears to me to be best adapted to that malignant type of the disease with extensive swelling of the throat and cervical glands; pseudo-membranous deposit, partially or completely covering the entire fauces; profuse salivation; deglutition difficult or altogether obstructed; a thin, sometimes sanious, mucopurulent discharge from the nares, excoriating the parts with which it comes in contact; speech thick and obstructed, and breath very offensive. In fact, the more offensive the breath, the more promptly its action appears to be manifested."

Dr. Allen uses it in the crystal and 1st decimal trituration. Alcohol and water, impregnated with lime, says Professor Hale,

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render the permanganate inert. An interesting case is reported to illustrate the sphere of the medicine.

Following this article are single provings of *Drosera*, by Dr. Nichol, of *Erigeron Canadensis*, by Dr. Burt, and of *Eryngium Aquaticum*, by Dr. Cogswell. A paper on "Variola," by Dr. Spranger; and one entitled a "New Prophylactic Method for Variola," by Dr. Johnson. This consists in substituting the administration of the 1st decimal trituration of cow-pock virus for the ordinary operation of vaccination. The author on one occasion swallowed the contents of a tube of vaccine lymph, which in sixty hours was followed by high fever and all the symptoms of an attack of modified small-pox. Six or seven pustules appeared on the face, and from the lymph contained in them he successfully vaccinated two children and an adult woman. From the scab on the arm of one of them a number of Indians, young and old, were successfully vaccinated.

The next is an interesting paper on "Diphtheria," by Dr. Nichol, of Belleville, C.W. In twenty-two cases of average severity his success was uniform. *Aconite*, the *iodide of mercury*, and *sanguinarin* were the remedies he used; the last being confined to those cases where the laryngeal symptoms were the most prominent.

Dr. Hale gives a short paper on *Baptisia* in typhoid fever. He says:—

"It is not a general specific in any type of fever, but like all other remedies has its own peculiar sphere of action, which lies in a certain pathological condition, represented by certain symptoms"

The following are the characteristic features of the fever in which *baptisia* is indicated:—

"They were ushered in with a chill, followed by fever, with severe aching in the muscular portions of the body. Pulse ranged from 100 in a.m. to 125, and hard in the evening. The pain in the head was not acute, but a dull bruised ache. The whole body felt as if bruised and lame. Tongue dry, brown, or with a ruddy middle. Faintness on rising, giddiness and severe nausea; a good deal of thirst; bitter nauseous taste in the mouth; sinking sensation in the stomach; diarrhoea, with

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some pain and soreness in the bowels; the evacuations, light yellow or brown, thin and watery. The odour of the breath not very disagreeable, nor were the fæces very fetid. The urine was usually very high coloured and scanty."

Dr. Hale has confined his doses to the low dilutions.

Some cases of dysentery treated with the *Dioscorea Villosa* are reported by Dr. Hale. And with a paper on the never ending "Dose" controversy, and notices of some new periodicals and books, a very good number of the *Observer* is concluded.

#### CLINICAL REPORT.

##### CASE OF EXOPHTHALMIC GOITRE.

By C. BRISLEY, Surgeon, Halifax.

THE co-existence or otherwise of morbid structural changes with deranged sensational states, is always a question of interest in therapeutic procedures; seeing that morbid structural change may exist with or without deranged sensational states. And, on the other hand, deranged sensational states may exist either in conjunction with or separate from morbid structural changes; whilst in cases which present them in combination, that combination is not *necessarily* a permanent feature of the malady.

These elementary observations have a special bearing on the unusual form of malady known as exophthalmic goitre, of which the characteristic features are obvious and palpable structural changes; usually, but not essentially, combined with deranged sensational states.

It may not be required that any further description of this malady should be given here than that supplied by the details of the case; whilst a few of the symptoms presented may have been rather adventitious than essential to the disease. Indeed, those descriptions of the disease which are based on its purely pathological character are too likely to overlook the concomitant functional disturbances; and the cases reported in relation to proximately satisfactory treatment, in which the functional disturbances would occupy their proper places in the report, are too few to justify us in supposing that the disease has yet been completely described.



## CLINICAL REPORT.

Mrs. A. P., 31 years of age, the wife of a blacksmith, came under my treatment on the 3rd July, 1862, and stated that she had not been well since her last confinement, ten months ago. The child was not yet weaned, but she felt that continuing to nurse it was injuring her own health. During these ten months the thyroid body had been enlarging on both sides, inducing a feeling of suffocation. Over three months ago she began to lose strength; and three months since she first had pain in the orbits, which proceeded thence to the back of the head; this pain is now constant. The eyes have lately become remarkably prominent, and they are very sensitive to light. She suffers much from vertigo,—objects about her appear to turn round. She has palpitation of the heart: the pulse is 122. Her breath *tastes* bad to her. She has had very acid night sweats the last ten weeks, and she has lost flesh. She has a constant craving for food; but when she sits down to eat, she becomes nauseated. She retches violently, but gets up only mucus. She has a cough with expectoration; thick—sometimes dark coloured, at other times yellow—having a putrid taste. Her family are not phthisical. The catamenia have been established the last two months.

*Belladonna*  $\frac{1}{30}$  three times a day, ten days.

July 16th. She has had intervals of entire freedom from pain in the orbits and in the head, which she had not had before treatment. The eyes have been less sensitive to light. The vertigo has been much less; and objects have ceased to (apparently) turn round. Pulse 104. The breath is better. The night sweats are less. The craving for food is less; and there is less nausea. She has had retching only twice until last night. The cough has almost ceased. The catamenia came on ten days ago, attended with colic; colour healthy; quantity very small, but still continued. All the symptoms became aggravated last night, after too much exertion during the day. During the retching she had a sensation as of a lump in the throat: the heart palpitated, fluttered, and then seemed to stop.

*Bell.*  $\frac{1}{12}$  twice a day, four days; wait two; repeat four days; wait three days; repeat four days.

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August 9th. The pain in the orbits has been less during the day; it is worse on waking in the morning, when the eyes are a little congested; this is relieved by bathing them with cold water. The pain at the back of the head is less. There was very little vertigo during the time she took medicine; there has been some return of it the last few days. She has gained strength. Pulse 98. There has been no palpitation, except when she has been excited. The night sweats have ceased. The appetite is now natural; the craving has ceased. She had no nausea whilst she was taking medicine; there has been a little return of it this week. She feels sick and vomits mucus about five o'clock in the morning, and when she retches the breath has a bad taste. The cough has quite ceased.

She used always to be in a hurry with whatever she had to do; she has ceased to be so. She has eructations tasting like rotten eggs; and she vomits water which has a very nauseous taste. She is subject to a wrenching pain in the abdomen below the umbilicus, similar to the pain at the accession of the catamenia; it is worse at night. She has also a pain at the pit of the stomach and between the scapulæ.

*Sulph.*  $\frac{1}{30}$  twice a day, four days; wait two; repeat four; wait three; repeat four.

Sept. 6th. The pain in the orbits is now felt in the morning; it is relieved with bathing the eyes. The pain at the back of the head has almost ceased. She has had no vertigo except when the catamenia were present: the pain in the orbits was worse then. The appetite is now good; but she has pain and a feeling of weight at the stomach after eating; and the breath tastes bad when this pain is present. The retching has quite ceased. She has had no waterbrash for more than a week. The eructations are now very slight, and they have ceased to have the offensive taste. She has had pain in the abdomen only during menstruation.

*Bell.*  $\frac{1}{30}$  twice a day, four; wait two. *Sulph.*  $\frac{1}{30}$  twice a day, four; wait three. *Bell.*  $\frac{1}{30}$  twice a day, four; wait two. *Sulph.*  $\frac{1}{30}$  twice a day, four.

Oct. 4th. The enlargement of the thyroid body is apparently

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about the same; but the sensation of suffocation is now very seldom felt; and she has become able to lie down in bed without discomfort. The prominence of the eyes remains; but there is no headache, pain in the orbits, or sensitiveness to light except in the morning; and there is no vertigo except at the time the catamenia are present. She has no palpitation except in connection with hurried or vigorous exertion. She still has pain and weight at the stomach after dinner; she has also suffered slightly from pyrosis. She has gained strength, and feels now stronger than she felt before her confinement.

*Nux vom.*  $\frac{1}{30}$  twice a day, four days; wait two; and so again three times.

Nov. 29th. She was in all respects much better till she took cold a short time ago. The prominence of the eyes had become less; but during the last fortnight the prominence has been again increasing, with pain in the orbits and some headache. There has been a return of vertigo, especially in the morning; and lately she has suffered slightly of palpitation again. The alimentary organs are deranged, presenting the following conditions:—Taste in the mouth as of saltpetre; loss of appetite, especially in the morning; nausea, empty retching, vomiting of mucus, and occasional and difficult vomiting of the ingesta; pain at the stomach after eating; and constipation, though some alvine action usually takes place daily. *She suspects pregnancy.*

*Ipec.*  $\frac{3}{12}$  three times a day, six days; afterwards *bell.*  $\frac{1}{12}$  three times a day, six days,—and twice a day, nine days.

This was the last time the patient came to see me; but when I had opportunity, I occasionally called to see how she was. She appeared to be satisfied when she obtained relief from her pains and discomfort, and hence she neglected to come with the regularity required,—the distance being about eight miles.

The suspicion of pregnancy was well founded; and during the period of gestation there were returns of the previous forms of suffering, *but in no respect so severe* as to induce her to apply again for medical treatment. The case was, therefore, never completed. But the results obtained during the partial treatment were such as to suggest the probability that *belladonna*

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may prove a useful remedy in exophthalmic goitre. And it is presented to the consideration of the profession in the hope that those of our colleagues who may have opportunity will kindly add the contributions of their experience on the treatment of this remarkable form of disease.

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THE MIDLAND

HOMŒOPATHIC MEDICAL SOCIETY.

THE Quarterly Meeting of the Midland Homœopathic Medical Society was held at the Homœopathic Hospital, Birmingham, on June 7th, when Dr. Sharp, of Rugby (the President), took the chair, and the following members were present:—Dr. Sutherland and Dr. Collins (Leamington), Mr. Arthur Clifton (Northampton), Dr. Bradshaw (Nottingham), Mr. E. Blake (Wolverhampton), and Dr. Gibbs Blake, Messrs. Lawrence, Robertson, Irwin, Wallis, and Wynne Thomas (Birmingham).

Dr. Nankivell (Liverpool) was present as a visitor. Dr. Charles Phillips (Manchester) and Mr. Millan (Worcester) regretted their inability to come.

A paper by Dr. Bayes, "On some Forms of Spinal Curvature and their Effects on the General Health," was, in the absence of the author, read by Dr. Blake. It will be found at page 545 of our present number.

Much regret was expressed that Dr. Bayes was unable to be present, as further information was wished upon some points in the paper read, particularly as to the drugs Dr. Bayes had found appropriate to and efficacious in spinal diseases; and the Secretary was requested to communicate with him upon the subject.

Mr. CLIFTON believed that spinal irritation was not frequently accompanied by curvature. He had seen, as it were, epidemics of such cases, where there was pain in the vertex and cardiac region, without disturbance of the heart. In one case he had had, there was pain at the root of the tongue, with swelling, but no other symptom; a week later, a tender spot on the vertex,

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and a tenderness of two or three spinous processes. *Glonoin* 3 twice a day for a month, followed by *calc.*, effected a perfect cure. He had found *gelseminum* 1, *cimicifuga* and *glonoin* the best drugs, and was in the habit of ordering the spine to be sponged with hot vinegar and immediately afterwards with cold water.

Mr. E. BLAKE remarked that by some, swelling of the tongue was regarded as a sign of disease of the cerebellum. He thought that in many cases spinal irritation was due to uterine disease.

Dr. SUTHERLAND agreed with Mr. Blake as to the frequent connection between uterine disease and spinal irritation. He used in such cases *hellonin*, *secale*, *sabina*, *bovista*, *arsen.*, *ignatia*, and for pain in the ovary which extended to the heart, *spigelia*.

Dr. COLLINS had not seen apparatus of any use in spinal disease; and in the early stages he maintained that gymnastics would cure, and in the later stages they would do good. He found that curvature was commonly unattended with any spinal irritation. He was sceptical as to the value of drugs in curvature of spine.

Dr. BLAKE believed that in cases of pure lateral curvature apparatus were of no use.

Dr. BRADSHAW said he used, and he thought with success, *gelseminum* and *cocculus*.

Dr. SHARP would draw special attention to the value of *argent. nit.* 2, where there was pain in large joints connected with spinal or muscular irritation or lameness. He had found *natr. muriat.*, *bismuth* and *argent.* efficacious in spinal diseases.

Mr. ROBERTSON explained Ling's method of examining the spine, and urged the importance of a very careful and thorough investigation of each case.

It was arranged to hold the Annual Meeting on Sept. 13th.

## NOTE BY DR. BAYES.

In answer to the request of the Society, conveyed through the Secretary, Dr. Bayes writes in reply, that he avoided the question of drug-cure as one not within the scope of his paper; he however would say that the drug-treatment of these cases is

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to be guided by a careful application of the homœopathic law. The medicines most usually indicated are *belladonna*, *calcareæ carbonica*, *calcareæ phosphorica*, *silicea*, *sulphur*, *cuprum* or its salts, *veratrum*, and in some cases low triturations of *carbo veget.* But the drug-treatment is not directed against the *curvature*, but rather against the constitutional causes on the one hand and the constitutional effects on the other. The treatment of a *mechanical condition* is in his opinion to be treated by *mechanical aid*. He could no more think of attempting to cure spinal *lateral curve* by medicines or by movements than he would attempt to cure *hernia* without *the aid of a truss* or *indigestion* from *loss of teeth* without the *aid of artificial teeth*. He agreed with Mr. Clifton that spinal irritation often arises from other causes than spinal curve; but wherever *spinal irritation* exists he would examine the spine, and if there were *lateral curvature* present, would not rely solely upon medicines for its cure. He also fully agreed with the remarks of Mr. E. Blake and Dr. Sutherland as to the frequency of uterine disease as a cause of spinal irritation; this, however, is not the point at issue. Dr. Bayes' experience is directly opposed to that of Dr. Collins; he has never seen a case of lateral curvature really cured by gymnastics, though he has seen many cases improved in *apparent symmetry* by that means. He uses the term *apparent*, because many of these cases get the two shoulders more nearly of a height and the two hips more nearly of a level under gymnastic exercises, while the curve is not cured; it is masked by the muscular development. Dr. Bayes has had many such cases under his care, where the patient had been declared cured by rubbers and gymnasts, but where, in a short time, all the old symptoms returned. He has, at the present time, two such patients under care. He also has seen spinal irritation almost approaching inflammation brought on by the use of gymnastics for the cure of lateral curve. Although spinal irritation is common in lateral curvature, it is by no means always present; still he thinks Dr. Collins' experience is exceptional. With regard to Dr. Blake's opinion that *apparatus* is of no use, Dr. Bayes would only say that much depended on the careful adaptation of

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special apparatus to each case. A badly constructed, heavy instrument does more harm than good ; but a carefully made, light instrument is of the greatest service. It should be adjusted from time to time, as unless it fits perfectly and is altered to the altered condition of the parts, it becomes only an incumbrance. Dr. Bayes would suggest to the members of the Society a visit to Mr. Heather Biggs' manufactory in London. With regard to the remarks of Dr. Bradshaw and Dr. Sharp, he agreed as to the utility of medicines in meeting concomitant symptoms. Mr. Robertson's remarks as to the careful investigation of each individual case fully coincide with the writer's experience.

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## THE CHOLERA.

MANY points of practical interest have arisen during the present outbreak of cholera in London.

Mr. Glaisher has noticed, as a singular coincidence, that during the two last outbreaks of the disease a peculiar blue mist has been observed by him in the atmosphere. The same *blue mist* has been again present in Greenwich Park and the neighbourhood of London. It is best seen, he says, while standing beneath the shade of a tree and looking across some long space with trees in the background. Mr. Lowe, of Nottingham, has noticed the same peculiar atmospheric condition, and attributes it to a cometary influence. Many observations are yet required to connect this *blue mist* with cholera. In the first visitation of cholera a dense *yellow* cloud was chiefly noticed as the precursor of an outbreak. We do not wish to underrate the importance of these atmospheric conditions, but until it is proved that they only occur during cholera times, and are always followed by an outbreak of the disease, we should hesitate to connect them immediately with the cholera.

Other writers point out the localization of the cholera and its prevalence in districts supplied by certain water reservoirs, and the freedom of those deriving their water supply from other

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sources. Others, again, trace the prevalence of the epidemic in the east of London to the incomplete state of the great drainage outfall, from which, when complete, so great a boon to the health of London is expected to result.

We think it is very premature, at present, to draw inferences from the scattered and imperfect facts before us. When this outbreak has passed over us, and our knowledge of the whole epidemic is completed, we may then hope to speak more positively as to those circumstances which have promoted its spread and those which have controlled its course.

Pure water and pure air are, to some extent, within the control of the authorities; and no doubt impurity in either is a cause of the *spread of cholera*—predisposes, *i.e.*, those exposed thereto to be attacked by it—though not the cause of cholera itself. We incline to the belief, founded on our knowledge of former cholera epidemics, that this disease owns a specific source; and think that there is much truth in the view already promulgated by Dr. Turrel and others (and noticed in our pages some months back), that the specific poison of cholera propagates itself in any congenial atmosphere—that certain foul conditions of air tend to *fructify cholera*. Crowded masses of cholera patients by their evacuations and emanations may cause a *choleraic atmosphere*, giving rise to a fresh centre of infection, that may poison the air of a whole city or even of a whole district.

Probably this choleraic atmosphere or miasm floating over the surface of water infects that water by being absorbed by it. Water readily absorbs any odour or miasm passing over it; and hence, when cholera is prevalent in the neighbourhood of a water supply, all who drink the water ought to filter it through charcoal, and would do wisely if they were, further, to add 5 or 6 drops of *Condy's Oxonized Fluid* to each tumblerful drank.

Mr. Simon has clearly pointed out also how very liable wells are to become impregnated with cholera poison, by reason of the soakage from imperfect drains or from cesspools. A very infinitesimal quantity of cholera evacuation, if it soak into a well, may so poison the whole of the water as to give *cholera* to every one drinking the water.



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We deem it our duty to impress these points very strongly on our readers at the present time. *London* has or is about to disgorge itself into the country. For though the number of cases occurring in *London* is happily diminishing, the possibility of its appearing yet in provincial towns must not be lost sight of; every precaution must be taken to prevent so alarming a catastrophe, and to resist it energetically should it actually occur.

We must purify our water and must disinfect our drains *daily*. If we are careless, the disease may get beyond our control; if we are watchful, energetic and careful, we may hope to confine it within narrow limits. Let every master of a household see to the cleanliness of his own house and to the health of his family and dependants. Let him also be prepared with such means to combat the disease, on its appearance, as past experience has proved to afford the greatest promise of success; and let them be procured before they are wanted, that no delay may occur in their application. These means we have already pointed out, viz., as *preventive* measures, Condry's Disinfectant Fluid, Condry's Ozonized Fluid, a charcoal filter, and an anti-cholera belt; as *curative*, Rubini's *saturated spirits of camphor*, *veratrum*, *cuprum*, *arsenicum*, *iris versicolor*, *ipæcacuanha*, and *mercurius corrosivus*.

## RUBINI'S CAMPHOR.

We have received several letters enquiring whether our views regarding the treatment of cholera by *cuprum*, *veratrum*, *arsenicum*, &c., have been modified by the reported success of Rubini. The influence this success should have is, we think, simply this:—1st. That being called to a case in the early stage, we should give *camphor*, as we have always done at this period, but its use should be continued longer than has generally been the case in previous epidemics. 2nd. We should give the *saturated spirits of camphor* in preference to that which contains only one part of *camphor* to six of alcohol.

The utility of *camphor* is probably confined to the choleraic diarrhœa and cramps. The advanced stages of the disease—to

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which the pathogenetic action of *camphor* presents but a feeble analogy—must be met by medicines capable of producing a similar condition, as, *e.g.*, *copper*, *white hellebore*, *arsenic*, &c. It is possible that we have hitherto trusted *camphor* too little; but we should, in relying upon it to the exclusion of all other remedies, commit an error of equal or greater importance. In the facts related by Rubini we have full confidence. At the same time we must be careful not to over-estimate their value, nor must we blindly follow their guidance in the management of cases coming under notice in general or hospital practice. In so doing, we must remember that the cases treated by him occurred in two public institutions; the patients were all adults; they were probably all seen early, and every appliance was at hand for immediate use. So that the remedy which Hahnemann pointed out as that most adapted to the early stage of cholera was given by Rubini at this period of the disease, and hence had fair play in its proper sphere.

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EXPERIMENTS WITH CAMPHOR AS A REMEDY IN  
CHOLERA BY ALLOPATHIC PHYSICIANS.

CAMPBOR has been tried in a few cases of cholera by Mr. Richardson at the Whitechapel Workhouse, of which he is the medical officer. The *Medical Times and Gazette* of the 4th ult. tells us, that in this Institution *camphor* was used in 19 cases; 6 recovered and 9 died—4 were at this date under treatment. "In about half the cases," the reporter says, "in which this treatment has been adopted the patients have appeared to receive benefit in periods varying from six to eighteen hours." Two died during the stage of reaction. One a girl, aged 18 had, at the time of admission, a debilitating disease of another nature, with symptoms of cerebral congestion; the other suffered from pneumonia. Half of those who died were received in a moribund state. Another cause of so large a mortality appears to exist in the fact, that brandy was "freely administered to each," and "effervescent mixtures and astringents" were given "inci-

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dently." So mixed a plan of treatment is far, very far, from constituting a satisfactory test of the value of *camphor*.

The *Lancet* and *Medical Times and Gazette* of the 18th ult. allude to the use of Rubini's method at the London Hospital and at the Liverpool Workhouse. The latter journal, referring to Dr. Fraser's use of it at the London Hospital, says: "We are sorry to say that we cannot speak favourably of this remedy. The fact that some of the patients died is no scientific evidence against the use of the remedy, as unfortunately no remedy seems to cure bad cases of cholera. But the patients dislike this treatment. It causes a distressing sensation at the epigastrium; it makes them sick; and when they do not swallow it, it becomes solid in their mouths." The *Lancet* refers to its having been given "in one case of severe collapse." In others "the camphor was rejected by vomiting. As the remedy was found so impracticable, it has been since discontinued." What degree of success followed this administration of *camphor* we are not informed.

How far the employment of *camphor* by Dr. Fraser is entitled to the description of the *Lancet*—"a trial of the much vaunted Rubini's 'specific,'" we are, through the kindness of Dr. Campbell, the resident medical officer of the London Homœopathic Hospital, enabled to inform our readers. This gentleman, in company with two medical friends, one being a believer in homœopathy, the other an adherent of the old school, visited the London Hospital on the 12th ult. On entering the ward they were somewhat surprised to find Rubini's *camphor* as the prescription named on the boards at the heads of three beds. On enquiring of a nurse in attendance—no medical officer or clinical assistant being in the ward at the time—what success had followed the use of *camphor*, she replied, that it was "the most satisfactory thing that had been tried." Dr. Campbell only saw three cases receiving *camphor*. One was a child fast recovering. The nurse said she had been very ill. The second was a woman 25 years of age, who was also stated to have had some of the worst symptoms of the disease. She was, when Dr. C. saw her, recovering, but suffering somewhat from reactionary fever. The

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third was a woman, 35 years of age. Attendants were rubbing her legs to alleviate the violent cramps. Every few minutes she was vomiting rice-water-like fluid. The pulse was small and slow, her skin cold and clammy, the breath cold, the eyes sunken, with a livid circle around them, and the face had a shrivelled, anxious look. On the following day Dr. Campbell found the two first cases progressing favourably, and in the third all cramp, diarrhoea and vomiting had ceased; the face had lost its terribly shrivelled appearance and reactionary fever was commencing. She expressed herself as feeling much better. The prescription that morning was changed, in this case, to a mixture containing *hydrocyanic acid*. Meeting, at this second visit, with one of the clinical assistants, Dr. Campbell learned that the "*trial of the much vaunted Rubini's 'specific'*" consisted in giving *camphor* to all cases entering that ward between 10 A.M. on Friday, and the same hour on the following morning! As about only 10 cases a day entered the hospital, and it is improbable that more than 4 or 5 of this number would be received into that ward, it follows that the trial was limited to these 4 or 5 cases! Dr. Campbell however only saw *three* patients taking it! Is it possible that from the results obtained in three cases—supposing them to have terminated unfavourably (which however they did not do)—that the conclusion that *camphor* is a failure could have been arrived at? But further, in view of the satisfactory progress of these patients taking *camphor*, was it not worse than absurd that because the patients did not like the remedy, because it gave rise to uneasiness in the epigastrium, and because it was somewhat unmanageable to administer, it should be discontinued? *Would it have been so discontinued had its homœopathic origin not been too well known?* It is the first time that we ever heard of an allopath withholding a remedy because his patient didn't like it! Any rational physician seeing unpleasant symptoms arise from a remedy, otherwise exerting a wholesome influence, would have diminished the doses or have lengthened the intervals between them. And as to its being pharmaceutically unmanageable, surely had a little knowledge of pharmacy and chemistry been brought to bear

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upon the experiment, it need not, on so paltry a plea as this, have been pronounced impracticable.

In the London Hospital we conclude then—1st. That so far as *camphor* was tried at all, it was clearly successful. 2nd. That the experiments made were totally inadequate as a basis on which to form any opinion of the value of *camphor*. 3rd. That it was given blindly. No attention seems to have been paid to the selection of suitable cases, to the mode of its administration, or to the frequency of its repetition.

These facts, and the conclusions drawn from them, we have condensed from a paper sent to us by Dr. Campbell, but received too late for publication as a whole. We are greatly indebted to him for the opportunity of exposing a so-called trial of a homœopathic remedy in an allopathic hospital; a "trial" which might, otherwise, have been adduced as evidence of the failure of a well marked homœopathic remedy.

Dr. M'Cloy in the *Lancet* gives some notes on the treatment pursued in the Liverpool Workhouse, into which 123 cases have been admitted since the 10th of July. Here Rubini's method was pursued in 19 cases, of which only 6 were saved. Probably the medicine was given at the wrong period; and Dr. M'Cloy also says, that "in estimating the value of the camphor treatment it is only fair to state that it was principally pursued amongst a most unfavourable class of patients. I allude to those puny, rough-skinned, pot-bellied emaciated children, so common in the lower ranks of life and in the founding department of workhouse infirmaries."

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EMPLOYMENT OF CAMPHOR BY MISSIONARIES  
AND OTHERS AT THE EAST END OF LONDON.

Just as we are going to press, we have heard with much pleasure of the valuable aid Ministers, Missionaries, District Visitors and others have derived from distributing *camphor* among the poor in this cholera-stricken portion of the metropolis. Mr. Lewis, a gentleman who devotes his time to preaching and visiting amongst the poor in Spitalfields, had up to the 10th ult. given away 4,400 bottles of Rubini's *camphor*, with printed

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directions for its use. He says, "I have given small stocks of it to Preachers and Missionaries (male and female), who all report good results." Mr. Lewis has taken the name and address of nearly every applicant, and paid him a visit afterwards. Wherever it has been resorted to early it has, he says, been successful. Miss Lowe, a lady who has gone to reside in this district for the purpose of ministering to the wants of the poor, writes, "I have to express the deepest gratitude to Mr. Lewis for his invaluable gift of *camphor*. It has supplied me abundantly, and I feel that there is no remedy like it when taken in time. The Bible-woman labouring in Holywell Lane district, under Mrs. Ranyard, has also been supplied, as a free gift, by Mr. Lewis, and can testify to many wonderful instances of its power."

We have also had an opportunity of reading a letter from a clergyman residing in this district, in which he dilates most gratefully upon the benefit he has been the means of affording in a large number of cases of, at any rate, choleraic diarrhœa, if not of true Asiatic cholera, solely by means of Rubini's *camphor*.

These good people, working hard among the poor, in a district overwhelmed with the epidemic, are prepared to use any remedy, so it be *effectual*. They have no therapeutic theory to uphold—none it is their interest to decry. It may be urged that they have been mistaken in diagnosing. But with cholera and diarrhœa all around them—with the symptoms so well marked as they are in these diseases—this is in the highest degree improbable. No! They have tried *camphor* honestly, simply and extensively. They have found it of service, they have trusted to it, and their results are as gratifying as any we have ever heard of.

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THE PRACTICAL SIDE OF MEDICINE.

DR. HUGHES BENNETT, the widely known and very able Edinburgh professor of the Institutes of Medicine and of Clinical Medicine, in his "Address in Medicine," delivered before the British Medical Association at the recent meeting at Chester, thus discourses on

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“the practical side of medicine, by which is to be understood  
 “an available knowledge of all those means which contribute  
 “directly or indirectly to the cure of disease, prolongation of  
 “life, or alleviation of suffering.

“The long discussions that formerly occurred as to whether  
 “a practitioner should be guided by dogmatism or empiricism—  
 “theory or observation—deduction or induction—have lost their  
 “interest. There are now more observers than reasoners,  
 “although it may be questioned whether a really perfect obser-  
 “vation is not more rare than a sound theoretical conclusion.  
 “It is now recognized that science must prevail in the schools,  
 “practice at the bedside; and that the more we acquire of both  
 “so much the clearer it is seen how good observation corrects  
 “and perfects theory, and how science improves and extends  
 “observation. \* \* \* \*

\* \* \* “On the other hand many of  
 “those remedies which have been proved to be directly curative  
 “of disease—such as *quinine*, *sulphur ointment*, *lemon juice*,  
 “*cod liver oil*, and so on—are entirely the result of empirical  
 “observation. With regard to these it is our constant aim to  
 “determine the *rationale* of their influence. Up to this moment,  
 “notwithstanding, there is an uncertainty about the action of  
 “numerous drugs in daily use, which is a constant reproach to  
 “us, and which we should make a strong effort to remove. \*

\* \* \* “In the excellent paper read at the annual  
 “meeting of the association in 1862, by Dr. Handfield Jones,  
 “the conflicting opinions which prevail with regard to the  
 “action of some of our most valuable drugs, more especially of  
 “*digitalis*, *opium* and *quinine*, were pointed out. The settlement  
 “of these differences is certainly within the reach of scientific  
 “investigation, and all that is required are capable workers to  
 “solve the difficulties they present. \* \* \*

“There are few, however, I fear, who have clearly placed before  
 “themselves the great difficulty, labour, and sacrifice of time  
 “which therapeutical enquiries necessitate. Indeed it may be  
 “questioned whether any one man, however talented, is capable  
 “of such an investigation. The wisest among us is apt to be  
 “biassed by accidental circumstances. A case, or a series of

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"cases, which have done well under a particular management; "the unexpected recovery of an apparently hopeless disease, "following the administration of a particular medicine; or the "fascination which lingers about some plausible theory, may all "tend to mislead."

Dr. Bennett here very clearly points out the great *desideratum* of those who practise medicine without any knowledge of homœopathy. "There is," says he, "an uncertainty about the action "of numerous drugs in daily use which is a reproach to us." As "a strong effort to remove" this reproach, he proposes the formation of a committee of men, eminent for their knowledge of anatomy, chemistry, physiology and pathology, to study the actions of drugs—and of another, composed of hospital physicians and general practitioners, to verify clinically the theoretical results arrived at.

The great want now felt by Professor Bennett was that which oppressed the mind of Hahnemann in 1790. As the result of much thought and deep research on this most important subject, he published in Hufeland's *Journal der Practischen Arzneikunde* in 1796, his Essay on "*a New Principle for ascertaining the Curative Powers of Drugs.*" Well would it be if this essay—translated by Dr. Dudgeon in his edition of Hahnemann's *Lesser Writings*—were carefully studied by Dr. Bennett, and those who with him desire a *pure Materia Medica*—an accurate and trustworthy knowledge of the powers of drugs. After reviewing the various sources from which the knowledge directing the administration of drugs had been derived, he says: "nothing "then remains but to test the medicines we wish to investigate "on the human body itself." These are the questions he puts as necessary for solution, in order to ascertain information respecting medicines. "1st, What is the pure action of each "(drug) by itself on the human body? 2nd, What do observations of its action in this or that simple or complex disease teach us?" In commenting on this second question, "we require," says Hahnemann, "some natural normal standard, whereby we may be enabled to judge of the value and degree of truth of these observations. This standard methinks can only be derived from the effects that a given medicinal substance has, by itself, in this and that dose, developed in the healthy human body."

Dr. Bennett mentions, "a physiological laboratory," as essential to his proposed investigation. The only physiological laboratory in which experiments to ascertain the nature of drugs can be satisfactorily pursued is *the healthy human body*.

The resolution of the Medical Section of the French Scientific Congress held at Strasburg in 1842 is as true now as it was then—it was "that experiments with medicines in healthy



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individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics." The celebrated Haller, Professor Jorg, of Leipsic, Pereira, Forbes, and more recently still, Professor Acland, of Oxford, have as well as Hahnemann seen the need of such investigations. Would that these who feel their need and see somewhat how it may be satisfied would but act up to what they see.

## LONDON HOMŒOPATHIC HOSPITAL.

We understand that at a recent meeting of the governors and subscribers, Dr. Mackechnie was elected one of the physicians, and Mr. J. V. Hughes one of the surgeons of this Institution.

## DISPENSARY REPORT.

## THE NOTTINGHAMSHIRE HOMŒOPATHIC DISPENSARY.

Physician—Dr. BRADSHAW.

Admitted between August 1865 and August 1866...1414 cases.

## NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Hayward; the Rev. G. W. Barnard; F. Smith, Esq.; Dr. Tuthill Massy; Dr. Bradshaw; Dr. Blundell, Tunbridge Wells; Dr. Alan Campbell, London.

## BOOKS AND PERIODICALS RECEIVED.

*Directions for the Homœopathic Treatment of Cholera.* By JOSEPH KIDD, M.D.

*On Safe Anæsthesia in Labour.* By R. ELLIS, Surgeon to the Chelsea, Brompton and Belgrave Dispensary.

*Domestic Treatment of Children on Homœopathic Principles.* By H. R. IRWIN, L.F.P. and S. Glasg. Birmingham: Corfield and Perry.

*The Homœopathic World,* August.

*The American Homœopathic Observer,* August.

*The American Homœopathic Review,* April.

*The Seventh Annual Prospectus and Announcement for 1866 and 1867 of the New York Homœopathic Medical College.* New York, 1866.

*Allgemeine Homœopathische Zeitung.*

*Neue Zeitschrift für Homœopathische Klinik.*

*Why I do not Practise Homœopathy.* By W. LINDSAY RICHARDSON, M.D., Physician to the Ballarat Hospital. Ballarat, 1866.

*The Ballarat Star,* May 26th, 1866.

*The Ballarat Evening Post,* May 23rd, 1866.

*The Liverpool Courier,* August 16th.

*The Liverpool Mercury,* August 16th.

*The Medical Acts and the proposed "Medical Acts Amendment Bill."* London: Mitchell & Co., 1866.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE INFLUENCE OF HOMŒOPATHY UPON THE ART OF MEDICINE.

FOR upwards of sixty years has homœopathy been systematically adopted, as the basis of drug-therapeutics, by a considerable and ever-increasing body of educated physicians and surgeons, in every part of the civilised world. The influence which homœopathy has exercised during this period has been both *direct* and *indirect*.

*Directly*, it has enabled those who have studied and adopted it to control disease with a degree of success never otherwise attained. *Indirectly*, the indisputably superior results that have attended the practice of homœopathy, as compared with those following the ordinary processes of venesection, mercurialism, purgation, and the like, have led physicians, who ignorantly ridicule our method and our means, to cast aside, in a very large degree, these time-honoured but still mischievous and erroneous plans of treatment.

To a system of medication based, apparently, upon the notion that disease was a sort of devil to be exorcised by drugs, has succeeded one in which but little medicine, and that seldom of a violently perturbative character, is prescribed—one in which careful nursing and appropriate food are mainly relied upon “to conduct,” as it is termed, the patient through his illness. That this method is uni-

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versal among allopaths we are far from asserting; too many, far too many facts are within our knowledge, proving that a vast amount of injury is still done by needless and injudicious drugging. But it is the method taught in the best medical schools of the country.

This change has arisen from no alteration in the type of disease. It is not due to the extension of pathological knowledge alone, but it has its origin in the *indirect* influence of the results of homœopathic practice upon the minds of medical men who, obstinately refusing to test homœopathy, content themselves with denying the existence of the law of *similars*, with asserting the impotency of infinitesimals administered in accordance with it, and with concluding that the cures they cannot gainsay have arisen simply and solely from careful nursing and judicious dietary. Upon these measures, therefore, they now themselves rely; and hence, in a great degree, has arisen the *médecine expectante* of the present day.

The injurious character of the ordinary system of drugging is now recognised. The power of the organism to throw off disease, in many instances, without medicine of any kind, is equally admitted.

To these two facts HAHNEMANN in 1796 drew the attention of the profession. Right roundly was he then and has he ever since been abused, in consequence!

Seventy years ago it was that Hahnemann clearly proved, what the physicians of our day have but lately learned to feel, viz., that drugs as *ordinarily* employed in the treatment of disease are more productive of evil than of good results; that recovery is more frequent and more rapid where they are not *so used* than where they are.

This comparative abandonment of drugs as remedial agents by allopathic practitioners has had one result of the highest value to all members of the profession, to whatever therapeutic school belonging. It has led to the

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more thorough, the more scientific cultivation of sources of remedial power without the pale of the so-called *Materia Medica*. To dietetics, based upon increasingly accurate physiological and chemical knowledge; to electricity in its several forms; to the use of water in a variety of different ways; to meteorological and topographical influences; to those exerted by sanitary arrangements; to the value of rest, of exercise and of occupation has the attention of medical men been drawn, in the endeavour to find substitutes for their discarded drugs.

The indirect influence of homœopathy has thus contributed to substantiate the truth of Hahnemann's statements regarding "the usual methods of treatment." It has led to a greater reliance upon the recuperative powers of the organism. It has led to that loss of confidence in the curative virtues of drugs, *as generally prescribed*, that forms so prominent a feature in the *ex cathedra* teachings of our time. It has led to those disclosures which prompted Professor Bennett to declare that "there is an uncertainty about the actions of numerous drugs in daily use, which is a reproach to us."

But underlying all this scepticism as to the health-restoring power of drugs, is an evident conviction that were their modes of action clearly made out—were the principles upon which they should be exhibited more accurately ascertained, they would, after all, be found valuable adjuncts in the treatment of disease. The facts, that in two or three forms of disease certain drugs have, empirically, been found to exercise a really curative influence, and that all more or less modify one or other of the organs and tissues, the fluids and solids of the body, completely debar any thoughtful man from concluding that such agencies cannot be advantageously employed.

To believe that the processes drugs have hitherto been used to excite are useless, or something worse, is one

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thing ; to conclude that they cannot be so prescribed as to be otherwise, is quite another.

It has, through homœopathy, been *indirectly* proved that they are useless, or something worse; and it has also, through homœopathy, been abundantly shewn that they can be so prescribed as to aid in the restoration of health where disease exists, without being hurtful by provoking disease where none so far is present.

The uncertainty hanging over the reputation of many familiar medicines, the doubt as to when and where they should be prescribed, have formed the staple of many addresses on therapeutics for the last twenty years. Fully alive to the absence of any *real* knowledge of the properties of drugs, equally conscious that were real knowledge of this kind obtained a great advance would take place in the art of medicine, and fully persuaded that, if the right method of endeavouring to secure it were devised, it could be had, we find Professor Acland, Professor Bennett and others urging the study of the actions of drugs as *par excellence* the *desideratum* of medicine.

The position, zeal and determination of those who have taken up this subject lead us to hope that it will be pursued with energy and success.

The great question for the consideration of our allopathic friends who have undertaken to promote the cultivation of the science of drug-therapeutics is how it can be most thoroughly, most accurately studied. Pathology is based upon the previous study of physiology. Without an intimate acquaintance with the action of the various tissues and organs in health, the nature of the derangements in those actions, which constitute disease, cannot possibly be learned. So it is with the actions of drugs. Unless we are informed what influence they exert upon man in health, what organs they have an especial affinity to attack, what alterations in function they will

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induce, we are not in a position to assert how they may modify these organs and functions in disease.

The recent appeal of Professor Bennett to the British Medical Association for united action in investigating afresh the properties of medicinal agents, has been appropriately followed by a paper, read by Dr. Sharp before the British Association for the Advancement of Science, wherein the only method by which this department of therapeutics can be placed upon a sound and useful basis is most lucidly set forth.\*

To this essay we earnestly direct the attention of our medical brethren who are engaged in this search after therapeutic knowledge. We know full well how a series of experiments of the kind proposed, honestly and fairly carried out, will terminate. Such experiments, though without the advantages in pursuing them the discoveries of modern science have placed at our disposal, have been made already. Their results are recorded, imperfectly it is true, but still in a manner quite available for practical use; as indeed the testimony of those who have relied upon them abundantly proves.

These experiments have demonstrated (what all similar experiments cannot fail to show) that there is a relation subsisting between the physiological action of a drug and its virtue as a remedy in disease. The uniform similarity between the effects produced by a medicine in health and the morbid conditions it will remove is sufficiently striking to point conclusively to the *principle* upon which they can accurately be prescribed. That a therapeutic principle was likely to be derived from investigations of this kind was seen by a society of Austrian physicians, who, in 1844, undertook a series of experiments to ascertain the effects of medicines upon the healthy body.

\* Page 583 in this Number of our Review.

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Dr. Schneller, one of the experimenters, remarks, in his report, that when the therapeutic action of a medicine is ascertained "it will be most conveniently demonstrated "how far the physiological proving of the remedy is "capable of being harmonized with its employment at the "sick bed, or how far the former may give us a hint for "the discovery of a hitherto unknown therapeutic relation. However this may be, the physiological action of "a remedy is very useful as the complement to its therapeutic action—as explanatory of the latter it is indispensable."

Not only has the existence of such a principle been clearly made out by the experiments of Hahnemann and others, but *the principle has been determined by them; the principle namely that diseases are removed by the administration of drugs, which have the power of producing similar diseases in the healthy body.*

This principle will, we have the most complete assurance, be evolved from any experiments, instituted with the view of ascertaining the physiological action of medicines, that may be undertaken.

We trust that the confidence with which we assert the certainty of such a result, will not so alarm Dr. Acland and others who have admitted the necessity of the investigation, as to prevent their carrying it out. Rather would we have them accept our challenge, 1st to render their experiments of any value without deducing a therapeutic principle from them; and 2ndly to be able to deduce any other than that expressed by the formula *similia similibus curantur*.

A brighter day seems dawning for therapeutics. Where the successes of homœopathic practice have not produced faith in homœopathy they have destroyed confidence in the allopathic prescription of drugs. This loss of trust in drugs as remedies—in a great source of power over disease

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is leading to a re-examination of that source. Conducted in the only manner that can prove satisfactory to science and serviceable to art, this re-examination will inevitably lead to a recognition of the truth of homœopathy. Yes! every real advance in the science of drug-therapeutics is a step in the direction of homœopathy!

## ON THE PHYSIOLOGICAL ACTION OF MEDICINES.

By WILLIAM SHARP, M.D., F.R.S.

(*Read at the Meeting of the British Association, at Nottingham, August 23rd, 1866.*)\*

MEDICINES are substances belonging to the mineral, vegetable or animal kingdoms, which are not nutritive, or which are not assimilated by the process of digestion, and therefore cannot, in this sense, contribute to the preservation of the living body.

For the purposes of this paper they may be described by three characteristics; characteristics well known and admitted, but hitherto unexplained:—The first, that their action is more or less partial or local; the second, that this action in disease is often curative; the third, that in health it is always more or less injurious.

I. The action of medicines received into the body is local; to borrow an old chemical phrase, there is sort of elective affinity between certain organs of the body and certain drugs. This fact is as well known, though as unexplained, as the parallel fact that each organ selects from *the same current of blood* the elements of its own nutrition; organs differing as much as the brain, the muscles, the bones, the ligaments, the

\* It is a rule of the British Association that the papers proposed to be read shall be sent about ten days before the meeting commences, that the committee of the section to which each paper belongs may have an opportunity of accepting or declining it. The committee of the physiological section accepted this paper, but requested me to omit reading the early part of it, for the reason that "it was historical and preliminary."



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skin, the organs of the senses, appropriate from the same liquid the materials for their own construction and constant reparation; so with respect to medicines, one organ appropriates one, and another organ a different one; and this fact is proved both by the effects produced upon the organs during life, and by chemical analysis after death. Upon this fact is founded the use of drugs as medicines by all schools and upon every doctrine. This is the first characteristic.

II. The second, drugs used as medicines in disease often have a curative effect. This also is an admitted but unexplained fact.

On these two characteristics I need not detain you longer by any further observations.

III. To the third characteristic I beg leave to call your serious attention. It is this, the action of drugs, when taken in health, is always more or less injurious,—hence the name of *poisons* given to the more active among them. This also is a notorious fact, and alas! one which often produces consequences inflicting severe grief and irreparable loss. Consequences so painful, that they have hitherto directed men's attention almost exclusively to the discovery of antidotes for their prevention or removal.

But it has been again and again suggested that there is another aspect in which the action of drugs in health must be contemplated, namely, with reference to the employment of them as medicines. Drugs have been diligently investigated by the students of toxicology and medical jurisprudence; they require to be as diligently studied with regard to therapeutics.

The first who suggested this view of the subject and its importance, so far as I can discover, was HALLER, about a century and a quarter ago. These are his words:—

*“In the first place, the remedy is to be tried on the healthy body; without any foreign substance mixed with it; a small dose is to be taken; and attention is to be directed to every effect produced by it; for example, on the pulse, the temperature, the respiration, the secretions. Having obtained these obvious phenomena*

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*in health*, you may then pass on to experiment on the body *in a state of disease*.”\*

Eminent physicians, from time to time, have expressed their approval of this suggestion; and in 1842, about a hundred years after its proposal by Haller, it was more formally recognised. A public assemblage of medical men, at the scientific congress held at Strasburg in that year, announced the adoption of the proposal in the following resolution:—

“The third section (the medical), are unanimously of opinion that experiments with medicines on *healthy* individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics; and that it is desirable that all known facts should be methodically and scrupulously collected, and with prudence, cautiousness, and scientific exactness, arranged, written out, and published.”

Such was the resolution, passed unanimously, at the scientific meeting at Strasburg. Twenty-three years after the passing of this resolution, namely, at the meeting of the British Association at Birmingham last year, Dr. ACLAND introduced the subject from the chair of the section, and the following resolution was agreed to, and was afterwards presented as a Memorial to the General Medical Council, by Dr. Acland, on the 17th of May of this year:—

“Having regard to the observations of the President, Professor Acland, in his inaugural address, the Committee of the sub-section of physiology, desire respectfully to intimate their opinion of the great advantage which would accrue to physiological (and thereby to medical) science, if the General Council should think fit, by pecuniary grants and the appointment of suitable persons, to undertake investigations into the physio-

\* “*Primum, in corpore sano medela tentanda est; sine peregrinâ ullâ miscelâ; exigua illius dosis ingerenda; et ad omnes quæ inde contingunt affectiones, quis pulsus, quis calor, quæ respiratio, quænam excretiones, attendendum. Inde adductum phænomenorum in sano obviorum, transeas ad experimenta in corpore ægroto.*”

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logical action of medicines. A few agents when administered in poisonous doses have alone been made the subjects of such research; and whilst the remedial effects of even such well-known agents as quinine have been admitted for ages, their modes of action are still unknown. Even to this moment our knowledge of the action of remedies rests only upon ordinary observation and general inferences. The Committee is well aware of the extreme difficulty of prosecuting exact physiological enquiries *in states of disease*, and, above all, of the necessity of devising *new modes of investigation*; but, bearing in mind recent researches of an analogous nature *in health*, they do not doubt there are physiologists and physicians of approved ability in such researches, who would be able to devise the methods, and bring the results to a satisfactory conclusion. The Committee also venture to suggest that no experiments should be regarded as satisfactory which (in addition to others) are not made in ordinary medicinal doses in the diseases for the relief of which the remedies are administered, (as well as in poisonous doses), and which are not performed with all the care and exactitude known in modern physiological research. That this resolution be signed by the President, Vice-President and Secretaries, on the part of the Committee, and that the President be requested to present it to the Medical Council."

The presentation of this Memorial to the Medical Council was followed by an animated discussion, in which the importance of the subject was admitted on all sides; and though the adoption of the proposal was negatived by sixteen votes, on the ground that to undertake the task suggested would be to exceed the powers given to the Council by the Act of Parliament, five members voted in its favour.

Such have been the suggestions and resolutions to make experiments with drugs upon *healthy* persons, up to the present hour. The subject is now in the hands of Dr. Acland, whose good commencement reflects upon him high praise, and I trust he will prosecute his undertaking with vigour. Let it not be supposed that I wish to hinder, or in any way to interfere with

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his work; on the contrary, the motive which has urged me to read this paper is the hope of offering some assistance. Having myself been deeply interested in this subject for many years, I could not be altogether silent now that it has been formally and officially brought before the British Association;—a society of which I have been an attached member almost from its origin; a society which has so many claims to the gratitude of England, for the helping hand which it has held out to all lovers of science; a society which, if it now inaugurate a new investigation into the properties and uses of drugs as medicines, will add another claim to this gratitude, the magnitude of which cannot easily be exaggerated.

Thus experiments to ascertain the physiological action of medicines have been suggested; a question now arises, have they been attempted? They have, by several hands; and before a fresh series of experiments is commenced, it will be well to examine the labours of our predecessors.

Haller, as I have remarked, was the first to make the proposal; but he did not attempt the work. Probably the first who did so was Stoerk, of Vienna, physician to the Emperor. Just a hundred years ago, he undertook to investigate the action of several powerful drugs upon himself; for example, *coniûm*, *colchicum*, *aconite*, *stramonium*. His experiments attracted wide attention; the subjects of them were rapidly introduced into extensive use as medicines; unfortunately, they were too highly praised, and healing powers beyond the truth were attributed to them; as a natural consequence they, and the worthy author of the experiments upon them, passed into neglect and almost into oblivion.

Some thirty years later, another German physician took up the subject with great energy and perseverance; and, after having devoted to it many years of untiring labour, produced a whole *Materia Medica* of drugs, with which he had experimented upon himself, and upon numerous friends, whom he had induced to share with him the trouble, the suffering and the risk.

These volumes have now been studied, day and night, by

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some thousands of medical practitioners, and have been their almost solitary guide through a successful practice of their profession, for nearly seventy years, and in every region of the civilised world.

This is an undeniable fact, and of itself gives the experiments of Samuel Hahnemann a claim to respectful consideration.

In support of these experiments it may be stated :—

1. That they were made by a considerable number of intelligent persons, of different ages and temperaments, and of both sexes.

2. That they were made by these persons in *health*. Haller's first requirement.

3. That each drug was experimented upon *by itself*, without any foreign substance being mixed with it. Haller's second requirement.

4. That the doses made use of were generally small ones. Haller's third requirement.

5. That the results of the experiments were diligently and conscientiously observed, and written down. Haller's fourth requirement. This was carried so far that even details apparently insignificant were inserted, lest any real effect of the medicine should be omitted.

6. That the mental and moral conditions, as well as the bodily symptoms, were carefully noted.

7. That a novel, and, I think, an excellent method of preparing the drugs for experiments was adopted. Plants were bruised while fresh and in perfection, and the sap, obtained by straining, was mixed with alcohol, (to prevent fermentation and decomposition), and used in this condition. Infusions, decoctions, dried powders, extracts, and other complicated preparations being rejected. Minerals, and other insoluble substances, were reduced to a state of minute division by being triturated with an inert material. In this way, I may remark, an admirable reform was introduced into pharmacy.

8. That, lastly, a strict regimen was adhered to by each person, during the time the experiments were being made.

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These are conditions which, as it appears to me, must be observed in any future experiments upon the physiological action of medicines. It will be possible to add to their completeness by availing ourselves of mechanical inventions such as the stethoscope, and of the processes of modern chemistry.

I will now point out what I think are defects, not in Hahnemann's experiments, but in the record he has given us of them, and which it will be necessary and quite possible to avoid in reporting further investigation. It is to be regretted that those who have followed Hahnemann, and who have repeated and greatly increased his observations, have, for the most part, repeated his defects.

The defects I venture to mention consist:—

1. In, commonly, not stating the doses of the drugs which were taken in the experiments.
2. In not recording the daily progress, so that a case of experiment might be reported in the same way as a case of disease.
3. In breaking up the connection of morbid phenomena, in order to arrange the symptoms under headings made of the different parts of the body, as the eyes, ears, nose, mouth, throat, chest, stomach, arms, &c. &c.
4. In mixing, in this arrangement, the symptoms which had been experienced by a dozen or more separate persons.
5. In adding to the symptoms of the experimenters those of accidental, and even of fatal cases of poisoning, without indicating which symptoms belong to these, nor the doses by which they were produced.
6. In recording, without discrimination, every trivial sensation and every slight circumstance occurring after the dose of the drug had been taken. In this manner symptoms have been accumulated to such an extent, that with many drugs it is very difficult to lay hold of their characteristic effects.

Such are the deficiencies in the reports; but there is one defect, which I feel constrained to insist upon, which belongs to the experiments themselves, as well to their record—though

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I am quite aware that Hahnemann himself and many of his admirers regard it as one of the great excellencies of his system—namely,—

That he limits himself to the observation of symptoms, and does not endeavour to connect them together, so as to represent a pathological condition.

But as I read a paper on this subject last year at Birmingham,\* I will not enlarge upon it now.

Notwithstanding these defects, obvious and grave as I think they are, the work undertaken and accomplished by Hahnemann was a mighty work, and it was nobly done; and I trust the time will come when he will receive the grateful thanks of the profession, as well as of the world.

The time which can be reasonably claimed for this paper is so limited, that it would be impossible to give even a sketch of what has been done in this province of labour by others since Hahnemann's time. But a great deal has been accomplished, with which those who are willing to begin the work afresh should make themselves acquainted. There are upwards of three thousand medical men of this school on the North American Continent alone, and many among them are able and industrious men. I will content myself with one extract from an address delivered not long ago at New York. Dr. W. H. Watson spoke to this effect:—

“If Hahnemann had done nothing else he would be entitled to the lasting gratitude of mankind, for his suggestions in regard to acquiring a knowledge of the medicinal powers of drugs, by experimenting with them on the healthy subject. This is the glorious mission of our school. While our brethren, under the guidance of Rokitsansky and his colleagues, are rendering great service to the world by elucidating the effects of disease, through their researches in the domain of pathology, to us belongs the honor of discovering and applying those remedies which will relieve the diseased conditions brought to light by

\* “Medical Systems. An Address at the First Meeting of a Medical Association, by the President.” Longman & Co.

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the knife of the pathologist. It is only by large numbers of persons that reliable provings of drugs can be carried on. The constant symptoms, obtained by hundreds of individuals from the administration of the same drug, must necessarily be its characteristic symptoms; whereas many of the symptoms obtained by a single prover may be purely imaginary, or the result of some accidental cause, and have no relation of cause and effect to the drug which has been administered. But when a hundred persons in good health are affected in a certain manner, after taking a particular drug, the conclusion is irresistible that the symptoms thus produced are the effects of the drug which has been administered."

I will now, with your permission, venture upon some *suggestions* which may be of use to those who shall undertake the further prosecution of this great work.

- I. On the *objects to be pursued*.
- II. On the *mode of proceeding*.
- III. On the *utilisation of the results*.

I. On the objects to be pursued.

These, I think, are the three following:—

1. To ascertain the *organs affected* by each drug.
  - (i) By careful diagnosis.
  - (ii) By chemical investigations in cases of fatal poisoning.
2. To learn the *effects produced* upon these organs, the pathology and morbid anatomy.
  - (i) By observation of symptoms.
  - (ii) By post-mortem examinations.
3. To discover, if possible, the *modus operandi*. This object, I think, must of necessity be postponed, until the two former have been considerably advanced.

In attempting to ascertain the organs affected by each drug, a great deal of care will be needed with respect to the *doses* with which the experiments are made. I may mention, as a familiar example of what I mean, tartarised antimony, which, as you



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are all aware, in one dose acts on the lungs, in another on the skin, in a third on the bowels, and in a fourth on the stomach.

Another point of importance is to discover the organ which, in a given dose of the drug, is the *first* to appropriate it, and so to be acted upon by it; then that which is *second, third*, and so on. In this way the several organs which have an affinity for a given drug may be made out, and their relative power of attraction. As an illustration of this point I may refer to the *heart* and its strong affinity for the following drugs:—

*Aconite,*  
*Spigelia,*  
*Bovista,*  
*Digitalis.*

The primary action of these drugs, in certain doses, is on the heart; but if we enquire after the secondary one, that is, after the organ which, in the second place, appropriates each of them, we shall find that it is different for each, *e.g.*:—

<i>Aconite,</i>	after the heart,	affects the brain and nerves.
<i>Spigelia,</i>	„ „	the eyes.
<i>Bovista,</i>	„ „	the skin.
<i>Digitalis,</i>	„ „	the kidneys.

It would be easy to enumerate a large number of drugs, whose affinities with certain organs have been already ascertained with some precision; but enough has been said to indicate the direction the investigation should take, and to show how attractive and useful it must necessarily become to those who are disposed to give to it their time and attention.

## II. On the mode of proceeding.

1. The experimenters should be intelligent men, and the more of them the better, especially of medical men.

2. The best known drugs should be experimented upon first; next I would recommend the commonest wild plants of our native country: as the daisy, buttercup, dandelion, furze, white and black thorn, &c. &c.

3. The committee of experimenters should agree to try, at one time, one and the same drug.

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4. The doses should be agreed upon. Three classes have been recommended—

- (i) Poisonous.
- (ii) Medicinal.
- (iii) Infinitesimal.

The first to be used only upon animals. These experiments I beg leave to protest against; any advantages to be derived from them do not compensate for the cruelty; the effects of poisonous or semi-poisonous doses may be learned from cases in which they have been accidentally or wilfully taken.

The second, (medicinal doses), which may vary considerably as to magnitude, are those which should be taken by the experimenters.

The third, (infinitesimal doses), should, I think, be postponed till sufficient positive information regarding the second has been obtained.

It is a question whether the experimenters should know what they are taking, and it has been recommended that they should not know. I think they should sometimes know, and sometimes not. When the drug is a poison, and the doses considerable, then, I think, the person taking them should always know.

5. The experimenters should be in health; a moderately careful regimen should be observed; the drug should be unmixed with others; and the mental and moral state should be recorded, as well as the bodily condition.

6. The reports should be drawn up just as cases of natural disease have been reported by physicians since the days of Hippocrates; the symptoms conscientiously written down day by day; and a careful diagnosis and pathology attempted.

7. An analysis should be made of all the cases thus reported of experiments with the same drug, and conclusions drawn—

- (i) As to the organs which have shown an affinity for the drug; the degrees of this affinity; and the doses required for each organ.

## ON THE PHYSIOLOGICAL ACTION OF MEDICINES.

- (ii) As to the changes produced in the several organs  
—the pathology.

If an earnest investigation be undertaken, with these objects in view, and pursued in the manner proposed, information will be gradually accumulated, which may be drawn up in *tables*; showing the several organs and tissues of the body, and the drugs, and their doses which each can appropriate; the physiological or pathological changes occasioned in consequence; and the characteristic symptoms, mental, moral, and physical.

## III. On the utilisation of the results.

No doubt the love of truth for its own sake should be the strongest stimulus to the efforts of the experimental philosopher; still the question of usefulness, how to turn the discovery of truth to practical advantage, is a lawful one, and, in the case before us, one of pressing interest and importance to the well being of mankind. What then is the practical end of these investigations into the action of drugs in health? Suppose the tables just now mentioned were completed, (would that they were!) how are they to be utilised? It seems to me that this would be by a comparison being instituted between the *physiological* and the *therapeutical* action of medicines; a comparison between the effects of drugs in health, and the effects of the same drugs in disease. When this comparison has been made, the further question will arise how far, and in what manner can the physiological action guide the therapeutic use? How can these experiments in health be made use of to direct the employment of the same drugs in disease? It is in the highest degree probable that the result of this aggregate of experiments and enquiry will be the establishment of a *principle* which shall be, for all time coming, a settled rule in therapeutics,—the compass, the guiding star to the medical practitioner.

I will add one concluding observation.

Diseases are more or less local; the action of drugs is also local; it follows that there are two ways in which drugs may be used as remedies: they may be given, in any case of illness, so that the action shall be upon those organs which remain

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healthy, or upon those which are affected by disease. The former of these methods has been longest in use; the latter, in my judgment, presents the most successful results. Both these methods rest upon the same fact, namely, the local action of medicines; both may be theoretically explained; both have observation to justify them; and there cannot be a more interesting, or a more useful problem for the younger medical men of the present generation to seek to solve, than this:—the investigation of the physiological action of medicines, with the view to determine their therapeutic use.

HORTON HOUSE, RUGBY,

July 27th, 1866.

The reading of this paper was followed by an interesting discussion, in which several medical men took part, and which was closed by the President, Professor Humphreys, who observed that the paper had been well characterised as a suggestive one, for that, in reality, our knowledge upon the subject was as yet small.

## ON ALBUMINURIA.

By Dr. MEYHOFFER, of Nice.

(Continued from page 533.)

*Albuminuria in inflammation and fever.*—According to Gubler, the appearance of albumen in the urine is correlative to the intensity and malignity of the disease. In acute genuine affections of but short duration, characterised by large deposits of uric acid and urea, resulting from increased combustion, albumen will be rarely observed; while, on the contrary, in septic or virulent diseases of an insidious nature, which affect the circulation in different ways, as well as the nervous centres and other important organs of life, its presence in the urine is seldom wanting. In malignant fevers the products of advanced oxydation in the renal secretions are in minor proportion to those in genuine inflammation; it contains

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instead, 1st, a hydrocarbonaceous substance analogous to the blue of aniline, considered as indigo by most pathologists, but which, Gubler states, differs sensibly from it, and is therefore named by him *indigose*; 2nd, proteine and fatty elements in much larger proportion than in the normal state; 3rd, albumen always appreciable and often in large quantities. This diminution of uric principles must be attributed to a change in the disintegration and denutrition, by which the proteine compounds escape combustion and remain but little or not at all altered in the blood.

Kœrner,\* who studied albuminuria in acute diseases with particular care, states not only its frequency in severe acute diseases, but also that concurrently with the appearance of albumen in the urine, certain characteristic modifications in the respiratory and circulatory organs are constantly observed; sometimes the latter precede the former, and are then the signs of the certain and speedy manifestation of the coagulable principle. In this respect the most frequent symptoms in the respiratory organs are those which must be derived from a diminution of the elasticity of the pulmonary tissue; want of breath and dyspnœa without any material cause; the inspiratory murmur, relating in no degree to the muscular effort for its performance, is feeble, at some places often inaudible, and increasing only a little towards the end of the inspiration. The expiratory noise is still more altered; it is louder than that of the inspiration, and at the same time prolonged without any anatomical lesion. At a later period percussion elicits a higher, more tympanitic sound. The dyspnœa increases meanwhile, the expiratory noises become more rude and harsh, and moist rattles begin to be heard; the patients are troubled with little or no

\* *Prager Vierteljahrschrift für Heilkunde*, 1860, III Bd.

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cough, the expectoration is scarce and glutinous; the want of breath, which is not always accompanied by a subjective dyspnœa, is out of all proportion to the anatomical condition of the lungs.

In the circulation the modifications are no less characteristic. The left ventricle is frequently dilated, its apex lies deeper; the impulse of the heart against the walls of the chest grows weaker, less distinct and vanishes often entirely, so that it can no longer be felt with the finger; the shake of the thorax is then extended over a larger surface, and the first sound is accompanied by a noise, or sometimes the latter is all that can be heard during the systole. After a few days the second sound in the arteria pulmonalis becomes accentuated and is usually followed by a dilatation of the right auricle, and even now and then by that of the corresponding ventricle; in very serious cases stasis in the vena cava and jugulares occurs, the latter are then often seen undulating during the expiratory movement. The pulse betrays at the same time the functional disorder of the heart,—it is soft, easily compressed, the contraction of the artery is not complete, the pulse is therefore undulating and generally not synchronous with the systole, which it either follows immediately or occupies the space between it and the diastole; this is best verified by applying the finger to the carotids, and auscultating at the same time the apex of the heart. The sounds in the aorta become weak, and occasionally a noise only is to be heard.

The incomplete contractions of the heart in acute diseases is one of the most important symptoms of the presence or proximate appearance of albumen in the urine. The diminished elasticity of the lungs is in itself of little importance with regard to the renal excretions, but when combined with dilatation of the left ventricle it acquires thereby greater influence.

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Albuminous excretions and the above symptoms seem to be directly correlative as the intensity of the latter, grows with the quantity of albumen in the urine, and *vice versa*.

*Albuminuria in cutaneous affections.*—Every cause that suppresses or checks the functions of the skin, (lesions which destroy an extensive part of the external tegument), determines the passage of albumen into the urine. Fourcault, Balbiani and Valentine have proved this experimentally by covering animals with an impermeable varnish, each of which became albuminuric. Extensive but not deep burnings of the skin, exanthemata spreading in a short time over a large surface, also chronic affections, lepra, lichen, psoriasis and, most of all, the repercussive action of cold, determine albuminuria; the latter produces particularly acute exudative nephritis.

The skin is a respiratory as well as a secretory organ, and should one or both of these functions be suppressed, nutrition will suffer in direct proportion to the extension of its suspended action, and a certain amount of proteine compounds will be retained in the blood. Although the skin eliminates but a very small proportion of azotised principles, the suppression of oxydation prevents at the same time the oxydating process not only of the binary combinations, but also that of the quaternary ones. That this is really the case is proved by the diminution of caloric of animals submitted to these experiments. This alone, however, would not explain satisfactorily the connection between the action of cold and acute nephritis; thus Goodfellow attributes inflammation of the kidneys to the vaso-motor reflex-action. In his opinion, which is moreover held by Brown-Séquard and other physiologists, the injury sustained by the peripheric nerves of the ganglionic system is propagated throughout the organism, determining its paralysis and secondary

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dilatation of the capillaries, so favorable to albuminous transudation into the cellular tissue as well as into the kidneys; the latter, being the principal organs for the excretion of refuse matters, are the more predisposed to resent injury, as the suppressed action of the skin devolves then chiefly on them, so that the dilatation of their capillaries, an increased action and absolute prevalence of albumen in the blood, help to determine congestion into the inflammation, so often the beginning of granular degeneration.

*Scarlatina.*—The presence of albumen in the urine in this miasmatic affection, is one of its most frequent, as well as most serious symptoms. Begbie, Newbigging, Holder and Gubler never observed the absolute absence of albumen in the renal secretion in the eruptive period; indeed it often persists during the whole course of the eruption, or, if not, reappears in the desquamative process. Initiative albuminuria is due to the same causes as those of all acute diseases—changes of nutrition, respiratory combustion, congestion of the kidneys; this latter predominating in the desquamative stage.

*Measles.*—I have observed albuminuria twice in severe cases of measles; the medical constitution of Nice was then characterised by diseases belonging to the same family; scarlatina, diphtheria, hooping-cough and variola were at the same time generally spread among the inhabitants of the town, as well as among the visitors.

Brown, in his description of the epidemic of measles at Leith, states that albuminuria was an habitual symptom, which, having disappeared after the eruption, returned again with desquamation.

*Variola.*—Albuminuria is not frequent in this affection, and it seems, according to Skoda, almost exclusively confined to individuals who have never been submitted to vaccination, or where the latter did not take. Abeille,



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Becquerel and others found albumen in the urine in severe confluent and hæmorrhagic forms of variola.

*Erysipelas*.—The anomalous presence of albumen in the renal excretion seems to be entirely dependent on the gravity and cause of the cutaneous affection; thus, while in the milder forms this symptom is seldom observed, it is almost constant in epidemic erysipelas, after parturition, and in purulent infection (Abeille, Smoler); it is when the inflammation of the skin reaches its acme that the coagulable principle appears in the urine. Strumous constitutions are predisposed to erysipelas and albuminuria dependent upon the latter.

In *pyohæmia* and *putrid infection* albuminuria is an habitual symptom, and evidently connected with the alteration of the blood; frequently the kidneys are also inflamed, announcing then the formation of purulent deposits.

*Typhoid fever*.—Griesinger and Trotter consider albuminuria to be a constant symptom of this multiform disease; in the estimation of Gubler, it is one of the phenomena by which he is often enabled to form his diagnosis on the nature of the morbid process, before other signs give sufficient evidence of its character. Albumen is generally appreciable in the urine from the very beginning of the fever, though now and then it does not appear before the end of the first week. Our own observations in this respect quite coincide with these statements.

Oppolzer, Murchison and Barallier found albuminous urine in typhus exanthematicus; the first declares that the quantity of albumen is often as large as in M. Brightii.

*Albuminuria in cholera*.—Herrmann in Moscow first noticed the presence of albumen in the urine in cholera (1830); a year later Simon in Berlin testified to the same fact. In 1849 Michel Lévy, Rostan and Bouchut verified these observations, which since then have been ac-

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known by all physicians who have had opportunities of observing this disease. Lehmann, Smoler and Gubler state this symptom to exist in every case of cholera without exception. In 35 cases of cholera under my own observation—26 in hospitals and 9 in private practice—the urine was invariably found albuminous whenever it was tested.

Most physicians look upon albuminuria in cholera as an effect of the passive congestion of the kidneys, caused by the thickening of the blood and weakness of the cardiac contractions: Gubler considers this opinion to be erroneous, and objects that all the capillaries are in a state of passive congestion, and that notwithstanding the great diminution of arterial tension, no œdema in the cellular tissue or anywhere else is to be observed; he recognises as the cause, inflammation of the kidneys. The objection that no serous infiltration takes place, falls to the ground from the very fact of the capillary stasis being the direct consequence of the profuse discharge of serous liquids by the alimentary canal; nor do others contest an inflammatory process in the kidneys, as indeed post-mortem examination often reveals the latter in the various phases of Bright's disease. In febrile purpura hæmorrhagica albuminuria is an habitual symptom, particularly where there is active congestion of the renal glands.

*Diphtheria.*—Since Wade drew attention to the frequent occurrence of albuminuria in this malady, other investigators have confirmed his statement. Sanderson, Maugin and Bergeron even declare that the absence of albumen in the urine in the diphtheritic process is only exceptional. While some pathologists interpret the pathogenesis of this phenomenon as being due to an obstacle which prevents respiratory combustion, others object, with reason, that albuminous urine is observed

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during perfect functional integrity of the respiratory organs; in the six cases of diphtheria we have already mentioned, two only presented inflammation and exudation of the larynx. Gubler's view seems to us more correct: he considers diphtheritic albuminuria as a symptom of the pathological state of the blood which causes, in the fauces and elsewhere, albumino-fibrinous exudations.

*Intermittent fever.*—After a paroxysm, albuminous urine is of frequent occurrence, though generally very transitory, and caused by congestion of the kidneys; still it is sometimes a permanent symptom as long as the disease lasts, and is accompanied by pain in the loins (Griesinger); blood and fibrin-cylinders in the urine disappear with the ague, or persist in the form of chronic M. Brightii, constituting then a part of the malaria cachexy. Martin Salon establishes a proportion of 25 per cent. where temporary albuminuria in ague is observed.

(*To be continued*).

ON SANGUIFICATION,  
AND THE HOMŒOPATHICITY OF DRUGS TO  
ABNORMAL CONDITIONS OF THE BLOOD SPHERE.

By J. STUART SUTHERLAND, M.D.

(*Read before the Midland Homœopathic Medical Society, at  
Birmingham, Sept. 13th, 1866*).

Most physicians of the present day look upon the condition health, as correctly defined when recognised as that nice balance of power which exists between the recuperative process, or the storing up of blood and tissues, and the disintegration of these by the waste producing and eliminating processes. The due performance of these two great and counterbalancing functions, if not absolutely constituting life, is at all events the ordinary essential and even logical manifestation of life; and if a cause more closely approximating to a first cause is the object aimed

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at by the medical thinker, it is only overstepping that margin of thought at which all practical value ceases, and approaching a sphere where the mysterious element preponderates to the great disadvantage of the physiologist's enquiries.

Wherever the great first cause of life may be once established as an individual existence, its record is kept on a finely divided scale, any point of which each thinker may select as a great first point at which life starts.

Suppose the point now selected, to be that in which food having been primarily digested in the stomach has been subjected to the influence of the pancreas, converted into a rich well-matured and nutritious chyme, and has through the absorbent canals entered the great mass of the venous circulation, where it plays its part in supplying that circulating fluid with an equivalent for that which has been separated by the eliminating organs; and having thus restored the quantity of the circulating fluid, the quality is subsequently brought within the influence of pulmonary inspiration, and is thus fitted for arterial distribution. This forms the process of primary digestion, and leads to the secondary digestion, a process performed by expiration, exhalation, secretion and elimination, functions which call into action the lungs, skin, kidneys, liver and bowels.

The exact balance between nutrition and waste depending upon the due performance of each link in a connected series being health, it follows that the failure of any one link in the chain may be productive of such a change as that known as *blood disease*; and it indicates that the pathology of the day tends to a revival of a humoral pathology, a term which some of us were taught to look lightly upon some thirty years ago, by those medical Gamaliels, at whose feet we sat.

But is it unreasonable to suppose that a modified humoral pathology, uncontaminated and untrammelled by the *modus medendi* which then obtained, may now be appreciated more correctly, and form one at least of the grounds upon which to administer medicaments?

Correctly or incorrectly, but nevertheless starting from the point that new, pure and well animalised blood is life's essential

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if not life itself, abnormal conditions of that fluid become at once of the greatest importance. A simple classification of the various deviations from health in the blood may now be considered :—

1st. Specific aberrations from health, as manifested by the exanthems, gout, diphtheria, typhus, plague, carbuncle, purpura, scurvy, uræmia, melæna, and its congener cyanosis, all supposed to contain blood poison.

2nd. Colliquative aberrations, as manifested by diabetes, albuminuria, oxaluria, cholera, in which certain constituents are separated from the blood.

3rd. Deficient aberrations, in which certain elements natural to the blood are more or less below the healthy standard, as manifested by anæmia and leucocythæmia.

4th. Those manifested by skin ailments.

5th. Malignant aberrations, as manifested by the schirrus, carcinomatous, fungoid and syphilitic poisons.

In these, some twenty conditions, the quality of the blood is depraved, they form two great classes : hereditary and acquired. And here the question naturally suggests itself, are there any modes of diagnosing diseases of sanguification? The microscope can reveal the shrivelled blood disc, the proportion of red and white corpuscles, fat globules, hæmatozin crystals, &c., and chemistry can divulge such poisons as urea, but there are many conditions of blood-poisoning beyond the power of these. The difficulties of chemistry as a science are generally more on the quantitative than on the qualitative side ; but in so far as that science presides over the properties of vital fluids, the latter obtains as the chief point to be determined ; for it cannot be doubted that in such a subject of enquiry, an amazing amount of refinement is demanded to gauge the disparities between these numerous blood disorders, supposing each to have its special pathological distinguishing peculiarities.

In reference to such investigation, medical and chemical science have proceeded but a very short way. As homœopaths, however, we do not overstrain this, believing that the importance of it towards the selection of remedies is not likely to be much

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advanced thereby, at least for the present, but as the various Repertories are deficient in this branch of medical knowledge, the practitioner of homœopathy, as a substitute for provings, avails himself of intuitive perception, which in a manner leads him first towards the class of remedies suitable to the case, and thereafter, with aid from Repertories, to a special selection from the class. In this case the totality of symptoms may not be strictly the ruling axiom, nevertheless a tolerably near approximate to this guide may be arrived at in regard to all the ordinary symptoms as recorded in Repertories; and that beyond this a special blood state is to be considered, and met by the physician by a special intuitive perception as to the drug required—thus the poison of scarlet fever after accumulation in the system, is more frequently met by *ammon. carb.* than by any drug; the typhoid poison by *bryony*; the diphtheritic by *iodide of mercury* or *phytolacca decandra*.

Of all the abnormal blood conditions which the physician is called upon to treat, anæmia is that most frequently brought before him. There are, however, several morbid states included in this term, differing considerably in cause and treatment—

1st. Anæmia simplex; caused by sudden and profuse abstraction of blood in a person previously healthy—the *quantity* of the circulating fluid being alone at fault.

2nd. Anæmia from suppression of the monthly illness, in which there is probably morbid elements in the blood, the spinal and ganglionic nerves being interrupted in healthy function.

3rd. Anæmia chlorotica, popularly termed green sickness. This is perhaps the most complicated form of anæmia, and one less within the influence of remedies. That the chlorotic complexion is indicative of a pigmentous deposition is likely enough, and in such cases the malfunction of a series of organs may be involved. With this supposition in view the medical mind reverts to the absorption of a morbid element and the deposition of a vicarious excess of it on the skin; the condition called chlorotic is not a jaundiced state, although it might possibly arise from one or more elements of the bile being absorbed. If this sup-

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position is not tenable, then we can only look for the cause of it in malfunction of the kidneys. Why may not the pigmentous property of the urine be transferred to the skin? We know that in degeneration of the supra-renal capsules or Addison's disease, a certain pigmentous deposit on the skin, often mapped out with clearly defined margins, is the only symptom, beyond debility, that during life indicates its existence.

In respect to the homœopathicity of drugs to anæmia, immediate consideration must be had for the form of that disease to be treated, for the different forms point to medicaments of different classes:—thus anæmia simplex will be most under the influence of *china*, *quinine* and *iron*; anæmia ex suppressione under *pulsatilla* and *sulphur*; anæmia menorrhagica under *bella-donna*, *secale*, *helonias*, *crocus*, *ipêcacuanha* and *sulphur*. When these forms of the condition called anæmia give rise to reflex action of the spinal nerves, so as to make these the prominent features of the ailment, then *ignatia*, *cocculus* and *conium* are well worthy the physician's attention; *conium* is a drug of singular efficacy in such cases, and especially when the upper portion of the spine suffers.

A young lady of 19 years, just completing her education at a school, and of a very sensitive but reserved temperament, became suddenly seized with a cough which during two days was so frequent and unceasing, that the lady of the establishment became alarmed and advice was sent for. She had pain under right breast on inspiration; but no physical signs of pulmonary or pleuritic disease; skin rather dry and hot; pulse 90, and face rather flushed; cough brassy, constant and ringing, disturbing the quietude of the entire establishment. Catamenia "a fortnight ago" and "all right." For two days more, several medicaments, such as *aconite*, *hepar* and *bryonia*, were had recourse to; no change took place, the symptoms remaining as incessant as ever, causing discontent and anxiety to all the inmates. It was then hinted to the lady of the establishment that such condition might arise from mental causes of a depressing nature, when she admitted that her pupil had some

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days before fallen under her displeasure, and been severely reprimanded; the patient likewise admitted that her statement of the catamenia having been past a fortnight was incorrect, and that in fact it had been on six days before, and undergone suppression. *Pulsatilla* and *chamomilla* were then administered, and with very little effect; and on reflecting upon this case and its remarkable peculiarities, the idea of *conium*, as a medicament exerting its influence on the superior spinal nerves, came to the rescue, and the result was such as to justify the selection; twenty-four hours of this drug cured the affection. A somewhat similar attack at a subsequent period again readily yielded to *conium*.

Some fifteen years ago, a certain condition of the blood characterised by a great preponderance of white blood cells over the red, and which was called leucocythæmia, was brought to the notice of the profession; including the physiological doctrine that blood-making is the office of the spleen, thymus, thyroid, supra-renal, pituitary, pineal, and lymphatic glands, which was looked upon as a system of glands set apart for the healthy development of blood cells. That this disease, so nearly allied to anæmia, is capable of support from such a doctrine probably few physiologists of note have admitted; but if it is correct as a blood-making system, it would indicate a very complicated chain or series of links, the failure of any one of which might greatly influence the quality of the blood produced.

Perhaps no points are more worthy of note in anæmic conditions than—

1st. The proclivity of the female sex towards these.

2nd. The remarkable effect of ground stories (and especially if these are accompanied by deficiency of light) in their production. A very interesting illustration of the latter is to be found in the distinctive anæmic condition, existing among both sexes of Europeans inhabiting the city of Calcutta, which does not obtain at any of the outstations even a short distance off. But the Europeans of Calcutta have cultivated a dread of sun and sunlight to such an extent, as to convert this dread into an



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ever-present evil, and a source of anxiety and care from sunrise to sunset! not knowing that to shut these out is to rob themselves of red blood corpuscles.

Whilst on this subject, it suggests the recollection of a very remarkable instance of leucocythæmia, which was presented by the case of a professional man of great talent and high education, who embraced the homœopathic doctrine and worked it out very enthusiastically; he was unusually stout and lymphatic, and laboured under a combination of symptoms that plainly shewed how many elements united to form the abnormal condition of blood that kept him to the weight of some seventeen stone, whilst there existed no corresponding strength of muscle. The rheumatic and diabetic diatheses existed for several years together in this case, and a carbuncle setting in, under which this gifted physician ultimately sank, completed a remarkable triad of blood ailments. The diabetic and carbuncular have in other instances been noticed as co-existing. This gentleman upon one occasion, when conversing upon the peculiar combination of diseased elements in his case, requested a friend to examine his blood; the blood corpuscles were found to be at least three times the natural size, quite characteristic of the abnormal bulk of the man; it appeared on first sight that this might arise simply from endosmotic distention, if the liquor sanguinis happened to be of low specific gravity, but the liquor sanguinis in diabetes is of higher specific gravity than natural, in consequence of the saccharine element pervading that fluid to greater or less extent. What size these corpuscles might have attained if floating in a liquor sanguinis of the normal specific gravity it is difficult to say, but probably many times the ordinary size. It is not very wonderful that the condition of blood herein exhibited should, under the development of carbuncular disease, lead to a fatal termination; certain physicians have lately stated that saccharine urine is always co-existent with carbuncular disease; I have lately examined the renal secretion in a carbuncle case of a severe character, and failed to detect any traces of sugar.

The carbuncular form of blood poisoning cannot be met by

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remedies superior to *arsenicum*, *rhus*, *silicia*; and if the saccharine complication exists, *ammonium carbonicum*, which is specially applicable.

From carbuncular blood poisoning, let us go to that in which vitiated blood is manifested by skin ailments:—

1st. Those in which the acute exanthems are developed; and

2nd. Those in which vicarious acute affections of the skin exist; and

3rd. Those affections of the skin of a chronic or long standing condition, whether vicarious of other ailments or not.

In the acute exanthems which form the first order, there are two chief points to be kept in mind, namely, the individual medicament homœopathic to the specific eruption, such as *belladonna* for scarlet fever, *pulsatilla* or *thuja* for small-pox, &c., and the specific medicament to be employed in a repercussion of each eruption, as *ammonium carbonicum*, *cuprum*, &c., which are as specific to repercussions as the former are specific to the eruptions themselves. That blood poisoning is exceedingly to be dreaded during the course of eruptive fevers is sufficiently evident.

The conditions under which a diseased state of the blood obtains must be viewed generally in reference to the possibility of their vicarious and conserving action; inflammation, congestions, convulsions and paralytic affections are, as a matter of course, looked for on the sudden termination of skin ailments. It appears as if there were certain classes of medicines representing an affinity to this vicarious property: *arsenicum*, *rhus tox.*, *mercurius iodatus*, *bryony*, *cuprum*, *ammonium carbonicum*, *daphne* and *sulphur*, may serve as illustrations of this medicinal affinity, which may often successfully be the ground for administration.

Suppose we now select a case of abnormal blood condition of a very different stamp. A gentleman of 65 years of age, had led a very busy and energetic life, and had retired from it; he became depressed and hypochondriacal. A course of active allopathic treatment, calculated in accordance with the ordinary medical idea to unload a congested portal system, reduced him

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in strength, but failed to diminish the morbid symptoms within the sensitive sphere. Disappointed sadly at these results, he took to bed, abjured further medical advice, and gave himself up to whatever nature might have in store for him. He remained in this hopeless condition for ten days, when at the instigation of his family he consented to see a practitioner of homœopathy: so convinced was this gentleman that no human aid could save him, that on the new physician visiting him he refused to shew his tongue or have his pulse felt; he took no nourishment save a few grapes from time to time, and an occasional cup of tea. His expression was stern and exceedingly desponding; pulse low; skin cold and inactive; bowels *dead*; kidneys regular; urine sp. g. 1018; tongue rather furred; breathing slow, indicative of suffering in the cerebro-spinal system. He lay in bed chiefly on the left side, with his head resting on his hand. His condition remained unchanged for six weeks; all the fatty tissues disappeared. At this epoch he consented to take homœopathic medicines, and a course of *nux v.* 30, night and morning, was continued for a week, then *sulphur* 30 for a week; the third week he had *sacc. lactis*—no change occurred of any distinct character. Then *plumbum* 30, night and morning, for the fourth week; fifth week, *sacc. lactis*; sixth week *opium* 30, night and morning: emaciation increasing, but not rapidly; pulse and respiration low, the cerebro-spinal axis being greatly impeded in function; the abdomen had become hard, flat and unyielding, and dull on percussion, indicative of a general impactment, but no specially distended locality predominated; the dermis of the abdomen was much wrinkled from the absorption of all fat, but tough, cold and devoid of action. In so far as organic function is ordinarily performed or recognizable by the observer, it seemed dead almost, that of the kidneys excepted, which fortunately performed well.

The attention of the reader is requested to two points combining to influence the treatment of this patient in the direction of what might be considered only expectant, viz.:

1st. That for the first six weeks of attendance the patient sternly declined to take any medicaments; the time was there-

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fore passed in the endeavour to gain a moral power over the patient, and

2nd. That the amount of active drug given, previous to homœopathic attendance being entered upon, had been very considerable, and had evidently played an important part in establishing this morbid condition. Upon this latter ground the homœopathic medicaments, when consented to, were administered in high potencies, and with a week's interval. Day after day it was a subject of deep thought, whether to interfere actively by an interlude of ordinary medical treatment, and as frequently did the conviction of the danger of such an interference supplant the former inclination.

The seventh week *sacc. lactis* only; the eighth week *sulph.* 80; ninth week, *sacc. lactis*; tenth week, *arsenicum* 30, night and morning; eleventh week, *arsenicum* 6, but only in the morning. Up to this period his food had been grapes and tea; on a few occasions a small cheese cake had been put on the side table along with these, and without suggestion from without, he had voluntarily eaten one. At the end of the eleventh week not the smallest amount of feculent matter had passed—it is however curious as a point of professional experience that during this period the grape stones had passed freely almost unknown to the patient, and were found in large quantities whenever the bed linen was changed, which he would seldom allow to be done; and this separation of the grape stones regularly effected, whilst the muscular coats of the bowels retained impacted feces, is very singular and not easily accounted for.

At the end of the eleventh week, uneasiness, in fact a state of unrest prophetic of a coming storm set in. These increased rather for three or four days, and it was evident that an important change was at hand, and at the middle of the twelfth week the pulse had risen to eighty; the tongue become more yellow in the fur; the skin warm and the respiration noticeable; fits of pain through the bowels set in, caused by spasm of the abdominal muscles, which contracted here and there into masses like tennis balls—reaction had set in, and the whole organic system was in labour as it were. Enemata of gruel and sweet

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oil or soap were administered three times a day, and *nux v.* 3 every three hours. After twenty-four hours of this treatment the alvine avalanche began its movement; spasm of the abdominal muscles existed synchronously with that of the muscular coat of the colon; the abdomen was hand-rubbed with sweet oil. The enemata invariably brought away considerable quantities of hardened fæces; and even between these, portions also came away: the fæces were not particularly offensive, sufficiently mingled with biliary secretion, and not knotty. The pulse now became strong and reached 120; and by the middle of the thirteenth week diarrhoea existed and ran into a regular dysenteric attack, with tongue dry and brownish, and typhoid symptoms threatening. At this period Dr. Sharp, for whose kind suggestions I am much indebted, was requested to see him, and no doubt the case is still within his recollection. *Arsenicum* 3, *rhus tox.* 3, *bryonia* 3, and *mercurius corrosivus* 3, were the remedies employed during the thirteenth and fourteenth weeks, with brandy and broths mixed with equal parts of arrow-root, and this treatment, with very little variation, obtained until convalescence from this fever, which might be said to be declining about the end of the sixteenth week; after which the functions gradually became regular, the patient acquiring a keen appetite; and rapidly taking on flesh. That blood-poisoning existed in this case as a consequence of mal-administration of nervous power is most likely, nor can it be doubted that any drastic treatment of such a case must have been followed by fatal consequences. On examining the blood corpuscles of this patient during the dysenteric attack, they were found to be shrivelled and extremely ragged at the edges.

In continuation of our subject, abnormal blood conditions, it may be observed that the quality of the circulating fluid may (for all that is absolutely known) be more affected by the more ordinary aberrations from health than is generally supposed. There can be no doubt that purple spots indicate a condition of muscular fibre in which it is easily ruptured, as well as a low condition of vitality in the blood itself. For this cachexia one of the most effective medicaments is *conium*: it may certainly be placed side by side with the mineral acids.

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A young lady, æt. 22, was suffering from bilious diarrhœa of an obstinate character : all the ordinary remedies failed to produce any effect upon it. A certain amount of abnormal sensorial function accompanied the disease, and on pressing the patient for information, she admitted that the catamenia had been suddenly arrested at about half the usual period. The head symptoms suggested the use of *conium*, which brought back the discharge, and arrested the diarrhœa in twelve hours. It is not so far fetched as might at first be supposed, to suspect a degree of blood-poisoning in this case affecting the sensorium, for such rapidly developed signs of this condition are daily to be seen during epidemics of eruptive fevers.

Of the various conditions to which the term blood-poisoning may be applied, no one is more interesting than that which has for its manifestation the rapid growth of fungoid tumours.

A female, æt. 70, of a dingy complexion, who for many years had been a housekeeper in a family, enjoying all the advantages of that position, complained suddenly of a pain in the index finger of the right hand. The pain became so excruciating that she got no rest for several days and nights, during which time constant applications of poultices were employed. The finger became hard and red, and the least pressure gave intense suffering. The poultices gave no relief, and at the end of a week she submitted to have a free incision made. Our worthy president, Dr. Sharp, will no doubt remember this case, as one on which he was twice asked to hold a consultation. The incision was made in the hope of evacuating pus, but only a very little sanious matter escaped, and no relief from pain followed ; again poultices were applied, and as before, the patient suffered on. On the day subsequent to the incision, a fungoid excrecence like a Brussels sprout protruded from the wound, distinctly laminated like leaf coral, and vigorous beyond ordinary belief. There was every reason to dread a malignant disease. She was put upon a liberal allowance of best port wine, broths, beef-tea, &c., *ad libitum*, and *rhus*, *thuja*, and *arsenicum* in succession as medicaments. The fungoid growth after attaining

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the size of a hen's egg gradually sloughed away, carrying with it the first and second phalanges of the finger: the health then steadily improved, and in five weeks from the first seizure she was in her usual health. The sudden nature of the seizure is perhaps the most remarkable feature in this case.

Two years subsequently to this, the same patient took on a severe form of jaundice, which after two slight improvements settled down into a very intense and confirmed ailment, and at the end of two months terminated fatally. There is every reason to suppose that a malignant disease, which on a former occasion had found an outlet in the finger, a localization permitting the sacrifice of a portion of a finger only, had in the latter attack developed itself in an organ essential to life.

This case is a good illustration of that form of blood-poisoning giving rise to fungoid growths. It is very distinct from the cancerous. Another form of blood disease obtains in the following case:

A lady, æt. 71, the mother of a large family, had been ailing for eight months, and had been under constant medical treatment. Her ailments, which were accompanied by unusual gastric disorder, she attributed to some deleterious substance administered to her, and this idea took a very strong hold of her imaginative faculties.

Her medical attendant gave an opinion to the effect that she had three organic diseases, in the heart, liver and kidneys, and that forty-eight hours more would certainly terminate her life! At this promising epoch homœopathy was suggested! Upon being seen, the patient was sitting up in bed, and retained herself in that position, holding on the while by a bank of worsted doubled round the bed-post. She complained much of pain in the mouth and pharynx and inability to masticate; in fact severe mercurial salivation existed. The urinary secretion was distinctly albuminous, the heart's action intermittent, and its rythm suspicious.

This patient was put upon *belladonna* and *acidum nitricum*, the former being the first centesimal, the latter the first decimal dilutions; and the rapidity with which the mercurial symptoms disappeared was highly satisfactory.

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As a consequence of this improvement, the patient soon became capable of mastication, and nourishment was supplied to the utmost extent. Three weeks passed over, and the fatal event though nearer at hand, in virtue of our common lot, was decidedly further off in a therapeutic sense, and appeared to be sufficiently remote to permit of a calm and well digested prognosis, the patient being now in a natural pathological condition.

The albumen had entirely disappeared from the urine, no fatty globules could be detected, and the secretion was of specific gravity 1019. It was not unreasonable therefore to conclude that the albumen was the temporary result of mercurial action. The heart's action had also materially improved, so small an amount of mal-function remaining, as to afford every probability of that important organ being restored to sound action; and the patient and friends, as patients and their friends will do, talked freely of recovery. It was with great reluctance that this sanguine anticipation could not be entertained professionally, for the improvement in kidneys and heart served more clearly to identify the liver as the diseased organ—it distinctly projected below the costal cartilages, and a prominent point in the capsular region indicated the existence of tumour. The alvine evacuations were rather deficient in colour, but accompanied by crude bile incapable of mixing with the feculent matter, and which had evidently passed straight from the liver devoid of the maturing process of the gall bladder. Large quantities of sand-like substance passed daily with these evacuations, and this on examination was found to consist of minute particles of indurated bile, not *easily* soluble in even boiling alcohol. This sand continued to pass daily with great regularity for many weeks, during which little or no progress towards a cure of the liver disease was made.

Towards the conclusion of this patient's life, which she contemplated with exemplary resignation and calmness, she made a special request that her remains should be examined after death. Dr. Sharp, who had previously visited the case in consultation, kindly joined in this examination.

The kidneys were a little flabby, but in no respect shewed any distinct disease.



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The heart was quite sound.

The right lobe of the liver was natural; the left was the seat of extensive medullary sarcoma invading the capsule of Glisson, duodenum, and adjacent tissues. The gall bladder was much distended, and twenty-three gall-stones, varying from the size of a pea to that of a small walnut, were removed, together with some sand similar to that daily evacuated. This sand was evidently detritus of the gall-stones, and perhaps saved the patient from icteric symptoms.

One of the most interesting features of this case, was the abundant production of albumen in the urine under the action of mercury, and its disappearance when mercurial symptoms ceased.

Of the accumulative poisons derivable from deficient organic power, the uræmic is not unfrequently met with. Urea separated from the blood by the subtle chemistry of the kidney, is generally eliminated, partly in the form of urea itself, and partly in the form of its derivatives, the urates and oxalates. When the vitality of the renal function is too low to effect this, or any mechanical interference with the renal circulation occurs, uræmic poisoning follows. A very considerable amount of this condition may exist for months without any sudden results, provided always such accumulation has been gradual, in which case the system has had time to accommodate itself to blood deterioration—but when the accumulation of such active poison has been sudden, the effects are likewise sudden, and the amount of danger is extreme. Medicines are likely to fail in all such cases, as they are generally, if not invariably, the result of organic disease in the kidneys, liver, or brain. *Belladonna* perhaps more readily occurs to the practitioner than any other, and after that *hellebore* and *opium*.

There was no intention, confined as this paper must necessarily be within the limits of a serial's space, to touch upon every form of abnormal blood condition, but before concluding, a few words upon a very early recognized disease within that sphere, may not be out of place.

Sea scurvy was among the first diseases of the blood, recog-

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nized as such by old physicians. This disease was a standing evidence of the good old doctrine of humoral pathology, and although it has disappeared from the naval service, through the use of lime-juice and roomy ships, it is still to be met with in merchant ships, although rarely so in comparison with former years. It is a disease known to be produced by certain specific influences, and to be for the most part curable by certain specific antidotes.

The specific causes in the human subject are prolonged use of salted provisions to the exclusion of vegetables, and these influences are more powerful if concomitant with exposure to wet, fatigue and anxiety, all of which tend to diminish the vital powers. The analogy between the salts of soda and sugar in respect to their antiseptic and conservative powers on animal fibre is interesting: if any member present is aware of any case recorded wherein sugar when used frequently, and in large quantities, produced in the human subject symptoms analogous to sea scurvy, the reference would be most useful and impressive—that sugar can do this in the dog seems at least possible.

A spaniel of the Blenheim breed was noticed to fall off in strength and appearance, drooping her tail and losing her spirits. She had acquired the habit of jumping on the table and helping herself to a piece of sugar daily. She became very fond of sugar, and probably indulged considerably beyond the limits of prudence. Unsuspicious of the cause at first, attention was directed to an apparent inability to masticate, and on examining the mouth and gums, the most distinct state of scurvy was found in an aggravated degree. She was immediately put upon boiled turnips for food, alternating with carrots, and the sugar, now suspected as the "*fons et origo*," was discontinued. In a month she was comparatively well and had regained her strength. How it happens that the saccharine principles in turnips and carrots were not appropriated to the injury of the canine system, it is difficult to account for, but recovery took place; probably Flora's powers of secondary digestion failed to separate the saccharine from the vegetable kingdom, although quite up to the required mark when in sight of the sugar basin.

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By way of experiment and some weeks after recovery, the sugar was resumed for a week, when the disease returned with great force, nearly proving fatal; and so tenacious was this second attack that she ever afterwards retained a certain amount of the disease, although she lived for several years afterwards.

If the saline and saccharine principles are capable of so altering the constituents of the blood, or depressing its vitality if used beyond the limits of condiments, then such an effect constitutes a drug disease; and before concluding, a few words upon that class of blood diseases may not be altogether inappropriate.

It is well known that certain drugs from the mineral kingdom, especially if persisted in, give rise to certain symptoms with unerring fidelity to their pathogenetic powers, nor is it by any means difficult to recognise these; thus, the effect of *lead* is looked for in certain paralytic conditions, and the more so if colic or constipation are periodically concomitant therewith. *Mercury* and its effects come up before the medical observer when salivation, periostitic and skin ailments present themselves. *Phosphorus*, if brought frequently in contact with the human frame, or mingled with the air supplied, with certainty singles out the bones of the jaws for its attack; and the *bichromates* select the nasal septum as being specially sensitive to their action.

Of the mineral acids, the *nitric* exerts its power over the hepatic and glandular systems; the *sulphuric* on the skin and constituents of the blood; the *hydrochloric* on the mucous membranes; and if we leave these and single out an acid of a different origin, the *phosphoric*, we find its action exerted on the brain and nerve substance. With respect to other drugs derived from animal sources, the same pointing to a sphere of action obtains; the action of *cantharides* is as sure as the clock; the poison of the snake and the rabid dog are equally so if certain conditions are complied with, namely, the introduction of the virus by the circulating system—these have all been pointed out by Dr. Sharp distinctly.

*Arsenic*, *iron*, *gold*, *silver*, *bromine*, *iodine*, and *sulphur*, assert their specific power over certain tissues and systems; and in

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all probability a host of new metals, not yet proved, will be found to possess this quality in a considerable degree; and the above-mentioned experienced practitioner has done good service in bringing *titanium* to the notice of the homœopathic body. And if we turn to drugs derived from the vegetable kingdom, they are all more or less characterised by the same devotion to sphere action; but there is a point well worthy of notice as constituting an important difference between the sphere action of mineral and vegetable substances, namely, that whereas the diseases produced by the former are for the most part organic, those produced by the latter are, to an equal extent, only functional. This distinction widely separates the mineral and vegetable products, and is worthy of the deepest consideration by the old school therapist, who in conformity with the teaching of his school, administers the former in doses capable of exerting this power, and it confirms the homœopathist in the belief that this adaptation of drugs is the key to their curative properties.

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*The Medical Mirror: An Organ of Independent Medical Opinion; a Monthly Magazine of Reviews, Current Medical Literature, Politics and News.* London: H. K. Lewis. August and September.

The journal before us is the only monthly medical periodical issued by allopathic practitioners in England. It differs somewhat from the weekly and quarterly medical journals, inasmuch as it is not simply a purveyor of medical ideas and intelligence, but contains also an epitome of literary and political news. It differs from all other medical journals issued by allopaths in Great Britain in one other point—a point of the deepest interest to us, viz., that its conductors show a determination to act fairly towards homœopathy and homœopathic practitioners. The editors have no homœopathic proclivities whatever; neither do they appear to have any leaning towards any sect in medicine; but they have a desire to promote the development of truth, to

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act honestly towards all men, whatever their views may be: they do not regard an attack upon homœopathy as justifying the use of falsehood as a weapon. This is all we wish for. It would be well for medical science—well, indeed, for the profession—were the *Lancet*, *British Medical Journal* and similar periodicals conducted on honest and independent principles such as these. Let homœopathy, if entertained at all, be entertained honestly and fairly; let those who believe in it be treated as they have every right to be, as men who *really* believe and practise what they *profess* to believe and practise ought to be treated.

In the August number we find the following article, under the head of "Occasional Notes:"—

"THE LANCET v. FAIR PLAY.

"The General Practitioners of the kingdom have not infrequently been twitted with ignorance of any matter beyond the boundary of their surgeries, and, from the rigour with which anything that did not savour either of rhubarb or of the scalpel has been excluded from their special literature, an unthinking public might have been easily led to go with the stream of public opinion and endorse this apparent apathy and ignorance of the profession. General science, politics, and literature have hitherto been considered out of place in a so-called medical journal, the conductors of such journals having had but a poor opinion of the mental acquirements of the class for whom they catered. From the favour with which the *Medical Mirror* has been received by the profession, and especially by the hard-working body of the profession, designated by our superfine physicians and surgeons as General Practitioners, we know that they have minds beyond the simple simplicity of a pestle and mortar, and that those journals who consider a musty and inferior medical literature to be the only proper food for their subscribers are under-estimating that great class in the profession who are in reality the founders of 'medical opinion.' Medical journals are not unfrequently the organs of a party and the paid claqueurs of a few. Such journals, sooner or later,

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however, find their true level, and although they may remain excellent as advertising mediums, they no longer express true medical opinion. It is the ambition of the conductors of this Monthly Review to give an independent opinion on all points, and to truthfully reflect, without exaggeration or depreciation, the shifting scenes of medical practice. We bow not to the great, neither do we kick the humble. Merit is our only standard, and our touchstone is that of common sense. An organ of the qualified practitioners of the kingdom, our *Medical Mirror* does not refuse to allow those without the pale of orthodox medicine the right of reply. Fair play is sweet to all Englishmen, and it is an attribute of the practical and hard-working general practitioner that he is intensely just. We much regret that any medical journal should have so misinterpreted the feelings of the profession as to have behaved as the *Lancet* recently did to an homœopathic author, who wished to reply to the 'Lectures on Homœopathy' recently published in that journal. The conductors of the *Medical Mirror* are not homœopaths, but orthodox practitioners, surgeons, and physicians. Still they have also the honour to be English gentlemen, and they consider it unfair and un-English and ungentelemanly to hit a man whose hands are tied. In the pages of our 'Medical Opinion' will be found an article from the *Homœopathic Review*, from which, if it states the truth, it can be seen what justice and what feeling govern the conductors of our quondam Jupiter of Medicine. Alas, we may say with truth, 'How are the mighty fallen!' We honour the genius and the energy of the late respected Mr. Wakley, and we regret that a journal founded by him should have degenerated into illiberality and sectarianism. Schisms and bickerings are discreditable to the profession. We have in our hands a great trust, the lives of the public. If we have differences of opinion in our practice and in our medical opinions, let us calmly and judiciously ventilate them. Let us eschew the evil and seek the good, but in Heaven's name do not let difference of opinion act as a red rag to an infuriated bull. Let us 'mark, learn, and inwardly digest.' Flippancy and impertinence will not assist us in separating the wheat of

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common sense from the chaff of quackery and empiricism. To refuse the right of reply, implies a consciousness of weakness, which, if unreal, ought at any rate not to be simulated."

We have so frequently had to complain of unworthy treatment from allopathic journalists, that we have real pleasure in recording the "notes of nobler song" given above.

We do not expect, neither do we desire, the profession to adopt *homœopathy* unquestioned, all that we ask are our rights in the domain of medicine as fully qualified and duly registered practitioners.

In adopting homœopathy into our practice we lose none of our former knowledge, but add to that (over and above all required of us by the Schools, Colleges and Universities,) a theoretical and practical knowledge of homœopathy. We know all that the allopathic school can teach its alumni and *something more*. We do not discard all that we have hitherto learned, but we retain in practice only so much as we know to be really useful. It is no boon, no free gift that we demand of our professional brethren, but the simple recognition of our rights as members of the medical profession.

We also claim, in addition to these legal rights, our privileges as men of science to the free expression of our opinions *within the profession*. Personally, our interests have probably been materially served by an exclusiveness, which has given us a kind of monopoly in homœopathic practice, which, from its manifest practical advantages, has become a favorite mode among all classes of society; but in the higher interests of humanity, we strive to extend, *among the profession*, the experience now so ample and so extensive.

We are told, as an excuse for this lawless outrage on our rights, that our exclusion is because we openly avow a system which is looked upon by the majority as "quackery and empiricism;" and that the majority will hold no communion with men whom they look upon as quacks and empirics. This objection on the part of our opponents is absolutely dishonest. They know that more than 200 men, who have been approved by

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their own examiners to be fit to judge as to the truth or falsity of medical systems, have pronounced homœopathy to be the best system of medicine yet discovered; they know also that homœopathy lacks the very essence of quackery, it *has no secrets*.

They know further that the law would punish anyone applying individually the offensive terms they are in the habit of attaching generally to homœopathic practitioners. In the case of Ozanne *versus* De Lisle, damages were obtained by our deceased colleague against Dr. De Lisle, who, as the representative of allopathic impertinence, thought proper to stigmatise his homœopathic neighbour as a "quack."\*

This fear on the part of the *Lancet* and its congeners, to describe individuals in the set terms by which they are in the habit of stigmatising bodies of men, shows on their part a consciousness of evil and of lawless doing. We leave it to the intelligence of the public to estimate at its true value a vituperative assertion against a body of men, when the *Lancet* knows well that to not one single member of the whole body dare it apply the injurious terms.

We are glad to see a more liberal spirit and a more manly action on the part of the *Medical Mirror*, and particularly commend to our readers the concluding paragraph in the article quoted above. We believe that great injury has accrued to the entire profession from the disingenuous course of procedure against homœopathy, adopted by the majority of its members; a course which is opposed to the true interests of science, and which is degrading to the moral status of its upholders.

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*Bulletin de la Société Médicale Homœopathique de France.* August and September.

In the August number Dr. Cramoisy continues the relation of cases of cholera treated by mother tincture of *aconite*, which

\* See *Homœopathic Times*, March 23rd, 1850, in which a full report of this action is given. It is also noticed in the *British Journal of Homœopathy*, Vol. VIII, p. 280.



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he looks upon as the true specific for this disease. He relates three cases in the present series,—one of severe *cholérine*, two of severe *cholera* in the blue stage—all of which recovered speedily.

There is also a very interesting translation from the *Criterio Medico*, of cures by the *tarentula* poison,—1st, a case of chorea, cured by the 12th and 200th of *tarentula*.

In the September number of the *Bulletin*, several other cases of spasmodic nervous affections, cured by *tarentula*, are related.

This seems likely to become a useful medicine in some of the obscure forms of nervous disease.

Dr. Desterne relates some cases of tertian and quotidian fever, treated by high dilutions (200ths) of *nux vom.* and *arsenicum*.

There is a report by Dr. Léon Simon, Fils, on the *Nouvelles Données de Matière Médicale Homœopathique et de Toxicologie* of Dr. Houat.\* This work contains the provings of four medicines—*cubeba*, *black pepper*, *toad-poison*, and *curare*. The remainder of the *Bulletin* contains the reports of the proceedings of the Society and reviews of foreign journals.

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CASES ILLUSTRATING THE ACTION OF RUBINTS  
CAMPHOR, BAPTISIA TINCTORIA, AND  
CACTUS GRANDIFLORA.

By Dr. BAYES.

CASE 1.

*Rubini's Camphor in Choleraic Spasms.*

On the night of Monday, August 27th, I was called to see the following case:—

A girl, æt. 20, had for two previous days suffered from watery diarrhœa, on the Monday she had more than twenty discharges and felt very weak; at half-past 9 P.M., she became alarmed and spoke to her mistress about it, who gave her some doses of the ordinary homœopathic tincture of *camphor*. This checked the diarrhœa at once, but the spasmodic pains increased. Tincture

\* Published by H. Baillière, Paris, 1866.

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of *camphor* was given in repeated doses till about 100 drops had been given. The cramps and spasms continued to increase, and her mistress, about 1 A.M. on Tuesday morning, began to give her *cuprum* and *veratrum* in alternation, and sent for me. It was nearly 3 A.M. before I reached the house; the cramps and spasms still continued in unabated violence, and were almost tetanic, the hands and feet were cold, nails bluish, and the tongue was cold and dry.

In addition to the *cuprum* and *veratrum*, her mistress had applied a large hot potato poultice to the abdomen.

The spasms continue to recur constantly, the abdominal muscles were knotted, the cramps in the legs and arms were less severe than those of the abdomen and trunk. This girl's mistress had resided in the West Indies during a terrible epidemic of cholera, and she said she had never seen worse spasms, even when the cases terminated fatally. I gave the patient a dose of *arsenicum* at once and followed it in a few minutes by a dose of *belladonna*, using friction with the palm of my hand over the abdomen. This had been persistently done by her mistress during the previous hours, until she was almost worn out with fatigue.

It occurred to me that this was a good case to try whether there was any special virtue in the saturated tincture of *camphor* of Rubini; the spasms recurred almost constantly in spite of all the other measures used, and there was scarcely a minute's interval between each attack. I therefore gave the patient, at the end of about half an hour, a dose of five drops of Rubini's *camphor*, still continuing friction over the epigastrium with the palm of the hand. This single dose gave ten minutes' ease, and the patient fell into a doze. I waited till she woke and gave her a second dose, when she fell into a quiet sleep and broke into a warm perspiration, in which I left her. Two hours afterwards she woke and they gave her some tea which brought on the cramps again, but these yielded to a few repeated doses of the *camphor*, which was continued at long intervals during the next day. For some days she had occasional threatenings of a relapse, with loose evacuations and cramp-like pains, but

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these were always checked by Rubini's *camphor*, and the patient is now in perfect health.

I ought to add that her mistress was herself seized with sharp diarrhoea on the Tuesday morning early, after the night's attendance on the patient. The *camphor* speedily cured her.

The water supply to the house was from a well, the water looked pure but had an unpleasant odour. I ordered some Condyl's Fluid to be poured into the well, and the whole of the water used for drinking purposes to be boiled, and then filtered through a charcoal filter. No other members of this family had diarrhoea.

## CASE 2.

*Baptisia Tinctoria in Gastric Fever of a typhoid type.*

Miss H., a lady between 20 and 30 years of age, was first seen by me, in consultation with Dr. Morgan, on January 10th.

*History.*—For ten days or a fortnight had looked so ill that her friends anticipated some serious illness.

On Saturday, January 6th, had shiverings, followed by fever and general malaise.

On Sunday, Jan. 7th, went to church, but returned home feeling very ill.

On Tuesday, Jan. 9th, having been constipated in the bowels, an enema was administered which brought away a large solid motion.

On Tuesday night slept for some hours, but on the whole was very restless.

On Wednesday 10th, was decidedly worse. I first saw her on that day. Her general aspect was that of low fever; her cheeks were yellowish, with a deep flush in the centre; her eye dull; tongue deeply furred, yellowish white; pulse 110 and somewhat variable, weak and thready, alternating with a feeble beat.

From this time till Friday 19th, she gradually became worse; the typhoid state became pronounced; her nights were sleepless and wandering; there was occasional diarrhoea: frequent perspirations; great aversion to food of all kinds; great aching in

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all the limbs and muscular soreness; great and persistent tenderness over the cœcum.

On Friday 19th at 8 A.M., a distinct crisis occurred: the pulse became weak and thready; perspiration stood on the face and forehead, with fainting, &c. The patient persistently refused nourishment and stimulants, but I administered nearly a tumblerful of sherry to her myself when she rallied.

Saturday 20th. Very faint and exhausted; she refused all stimulant and almost all food, saying she had no power to swallow. All through the attack she had said she should not recover, and this hopelessness of life is always a very hard enemy to battle against. The patient lay in a semi-comatose condition from this time. The evacuations passed unconsciously; the urine was alkaline and very offensive. When roused she refused food, saying she could not swallow; the mouth was aphthous, and the tongue, to some extent, ulcerated; the teeth and lips covered with sordes; if stimulants were put into the mouth they were put out again. I ordered small injections of beef-tea, thickened with starch. These were administered at intervals, but the patient continued to sink; even our medicines were returned from the mouth unswallowed.

On Tuesday at 2 P.M. the patient was reported to me as dying. I went round to see her, and from the mucus râle in the throat, from the sinking down in the bed, the position of the patient lying with the head thrown back, with the jaw dropped, she really appeared so, but her pulse gave me some hope (though, as I have seen the pulse keep up in typhoid fevers to a very short time before death, I did not feel any great hope). I therefore ordered the nurse to continue the administration of the beef-tea enema, she refused, saying that it was of no use and she would not torture a dying woman; fortunately the lady's maid was of stronger mind, and carried out my instructions.

As all our usual remedies had failed, I now turned to *baptisia*. The patient could not swallow, even half a teaspoonful of water, given by myself, nearly choked her; I therefore determined to run no further risk of such a catastrophe, and simply ordered a mixture containing ten drops of the mother tincture of *baptisia*

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to the half-pint of water, which was to be applied to the tongue and mouth by means of a large camel's hair brush, every ten minutes or quarter of an hour.

I called again in about two hours, and found the patient better and able to swallow a little. I therefore now ordered a teaspoonful of the mixture to be given every hour, followed immediately by a teaspoonful of beef-tea. In about four hours I saw her again, when she could not only swallow but relished the beef-tea.

I made no further change in the medicine, save to gradually lengthen the interval between the doses.

To use an expressive phrase, she never looked behind her and made a very rapid and capital recovery.

We gradually increased her nutrition, and after everything she took I ordered her a teaspoonful of brandy and water. This plan of gentle stimulation was continued for some time.

On the 24th of February I took my leave of her, she was perfectly well.

I have seen this loss of power to swallow in other cases of gastric fever. It amounts to a paralysis of the organs of deglutition, but I have always hitherto seen this symptom fatal. I have no hesitation in attributing this patient's recovery to the *baptisia*, and only regret that I had not known of this remedy years gone by. I ought to have added that the urine became acid and its odour natural, within eighteen hours after taking the *baptisia*.

## CASE 3.

*Cactus Grandiflora in Heart Disease.*

Miss P., æt. 22, consulted me on July 24th, for pain in the left breast, extending over the whole left side of the chest, both in front and behind, extending down the left arm. She attributed these symptoms to a severe sprain of the arm two years before.

Since this date she has at times suffered from fluttering and palpitation of the heart, but it has been getting worse during the past six or eight months. She wakes with this palpitation

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every morning. Walking or any exertion brings on this palpitation, with shortness of breathing. She is fearful lest there should be any disease in the breast.

The left breast is larger than the right, but there is no tumour, nor any sign of disease in the breast. The lung sounds are normal, but the heart is enlarged, and the *bruit de soufflet* well marked.

The patient has the bright red mucous membrane so frequently seen in heart disease. Her "alæ nasi" have the fan-like action, which Dr. Wilson says, in all circumstances, indicates *lycopodium*. As many of the other symptoms also indicated that remedy, I prescribed *lycopod.* 6 twice a day, and *lycopod.* 30 every night.

26th. She was no better, the pain in the shoulder was as severe, and she was unable to make any exertion.

I then ordered her *cactus grandifl.* 1st centesimal, a drop three times a day.

30th. The *cactus* immediately gave some relief to the heart, so that the next day she could walk with greater ease, but the pain above and especially below the left breast was still severe.

Ordered her to continue *cactus* 1, three times a day, and to take a drop of *cimicifuga racemosa* B. every three or four hours, when the pain is violent.

Sept. 4th. The patient can walk two miles without fatigue, the pain in the left arm is cured. The *bruit de soufflet* is no longer to be heard. She still has pain in the left shoulder and left side, but it is decidedly less. She has had very little occasion to use the *cimicifuga*. She has lost the palpitations, and is able to resume her household and other duties without inconvenience. Ordered her to take the *cactus* again, twice a day, if the symptoms recur, but if she remains free from the heart symptoms, I advised her to omit the *cactus*. If the pains in the left side should prove troublesome I ordered her to take *aconite*, 1st centesimal.

I have also seen *cactus* of great service in a case of disease of the mitral valves, with great distress of breathing, especially in cold weather, with blue lips and bluish nose. In this case

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the patient regained her walking powers and lost her shortness of breath under a course of *cactus*. She will never be well, but she has recovered a state of health which enables her to enjoy life.

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THE MIDLAND  
HOMŒOPATHIC MEDICAL SOCIETY.

THE Annual Meeting of this Society was held on the 13th ult. at the Homœopathic Hospital, Birmingham. There were present Dr. Sharp of Rugby in the chair, Drs. Ayerst (Malvern), Gibbs Blake (Birmingham), Gutteridge (Leicester), and Sutherland (Leamington), Messrs. E. Blake (Wolverhampton), Clifton (Northampton), Hitchman (Leamington), Pope (York), Robertson (Birmingham), and Wynne Thomas (Birmingham). Dr. Nankivell, the recently appointed house-surgeon of the Hospital, was present as a visitor.

The minutes of the last meeting having been read and confirmed, the Society proceeded to the election of officers for the ensuing year. Dr. Sutherland was appointed President, Dr. Sharp and Mr. Clifton Vice-Presidents, and Dr. Collins of Leamington Secretary and Treasurer. It was also resolved that the December and March meetings should be held at Birmingham; those for June and September at Leamington.

The preliminary business having been disposed of, Dr. Sutherland read the very able paper "On Sanguification and the Homœopathicity of Drugs to the Blood Sphere," which appears in another part of our present number. The discussion upon it was adjourned to the next meeting.

NORTHERN  
HOMŒOPATHIC MEDICAL ASSOCIATION.

THE next meeting of this Association will be held at York on the 12th inst. A paper will be read by the President-elect, Dr. Craig of Scarboro', entitled "Medicine in 1846 and 1866."

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## POST-PRANDIAL PLEASANTRY.

A FIRST-RATE dinner is admirably calculated to put a man in a good humour, to prevent him touching on disagreeable topics, to induce him to dwell only upon (if need be, to invent) statements that shall gratify the ears of his neighbours. The dinner at the late meeting of the British Medical Association must have been a very good one, for it actually made Dr. Markham agreeable to those about him: in his anxiety to be pleasant he discarded all obligations to respect the truth—indeed when alluding to homœopathy in the *Journal*, he has never exhibited the least sense of any obligation to respect it—and he told his auditors that “HOMŒOPATHY WAS ALMOST DEAD.” He didn’t give this piece of information on his own authority; people seldom announce statements they *know* to be untrue on their own authority; they have generally been informed by Mr. or Mrs. Somebody that so and so has occurred; so Dr. Markham wishing to say something pleasant, knowing well too what would be most pleasant, knowing too that this piece of intelligence was utterly beside the fact, he calmly described it as “*the opinion of an eminent man*,” which had been expressed to him the night before!

Dr. Markham knows perfectly well, few people know better, that homœopathy is not “*almost dead*,” but that its vitality never was more vigorous; that the principles of homœopathy are being absorbed, rapidly absorbed, by those who have most loudly decried them.

We have long since ceased to expect an honest statement regarding homœopathy in the pages of the *British Medical Journal*. Dr. Markham’s hatred of homœopathy is stronger than his love of truth.

Dr. Markham in this very speech took especial credit to himself, and received it from others, for having engrafted the most objectionable features of Trades’ Unions upon the *British Medical Association*.

To the influence exerted by the *Journal*, of which he has, till within a few days, been for many years the editor, he ascribed



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the unwillingness of some of the leading surgeons in the metropolis, to meet in consultation medical men who practise homœopathically. This, so far as it has been successful—for it has not been successful to the extent Dr. Markham states—has been accomplished by bullying those who have dared to entertain an independent opinion, just in the same way as a Lancashire “unionist” bullies a person who, not being a member of his union, he calls a “knobstick.” Sir Wm. Fergusson was a “knobstick” for some years—to the deep indignation of the *Lancet* and *British Medical Journal*. The editors of these prints threatened to write him down if he didn’t give in. Sir Wm. didn’t much care for that. Then came office and emoluments, present and prospective; but only on the condition that he would join the “union.” He gave in: and the narrow-minded bigots who bullied him rejoiced.

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## PROFESSIONAL OPPOSITION TO THERAPEUTIC REFORM.

IN the course of a lecture recently delivered at St. Bartholomew’s Hospital (*Medical Times and Gazette*, July 7th, 1866), Mr. Skey, in speaking of the treatment of congested conditions of the blood-vessels, and in advocating, what he terms, “the tonic treatment of disease,” as opposed to the depletory, the following admirably expressed observation occurs:—

“In the history of the human mind there is no operation more difficult than that of divesting it of early impressions, inculcated by authority and confirmed and established by time. Convictions increase in strength as we get older, for the habit of examining the one side of a question only, and of conforming to all its requirements, has assumed a settled permanent form; and with the multitude engaged in the practice of our profession there is no adequate motive to enter on a path of enquiry, which may tend to unsettle the convictions of their past lives.”

If this is true of the transition from a general depletory plan of treatment, to one that may be defined, a general tonic system;

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from trust in *venesection*, *calomel* and *salts*, to a reliance upon *bark*, *beefsteaks* and *wins*, how much more so is it of the passage from *general* to *specific* therapeutics.

"The early impressions inculcated by authority," "the habit of examining the one side of a question only," "the want of adequate motive to enter upon a path of enquiry which may tend to unsettle the convictions" of a lifetime—these are the causes why homœopathy meets with so bitter an opposition from allopathic practitioners; why comparatively so few can bring themselves to undertake that investigation—that clinical, practical investigation—which alone can answer the questions—Is homœopathy true? Is homœopathic—*i.e.*, specific—treatment more successful in curing disease than that which is general?

In the course of another lecture, reported in the *Medical Times and Gazette* of the 22nd ult., Mr. Skey says:—

"As treatment by means of issues was formerly in great resort, and is yet far from being abandoned as a means of checking the progress of carious disease in the vertebræ, it is worth considering for a moment the principle of its action. To control one disease you make another, which is supposed to act as a drain in carrying off the morbid actions of the original disease by derivation, or counter-irritation as it is termed. An issue is an ulcer, secreting matter, and drawing more or less on the powers of the constitution. An ulcer is a disease. All disease exercises a depressing, not an invigorating, influence on the system. The sum total, then, is increase, not diminution, of the evil. The morbid condition of true spinal affections is *caries* or crumbling of bone, not inflammation. Is it probable that a pair of secreting ulcers can tend to restore bone that is lost? Will the capillaries be more likely to secrete material to be converted into healthy bone within the body, because you have made an ulcer outside? The actions going on within are those of deficiency, not of excess. Here comes in again the old doctrine of inflammation. The operation of an issue is equivalent to that of the lancet, and in these days that instrument has

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become obsolete in the hands of all sensible and thinking men. I acknowledge with all regret, in looking back at the early part of my professional career, to have frequently committed this error in treatment, and I willingly make retribution to another generation by declaring my conviction of the entire futility of an issue in this description of disease to answer any useful purpose."

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## ALSTONIA SCHOLARIS.

DR. ROWAN of Barnsley has forwarded to us a note containing a few observations on the actions—pathogenetic and curative—of a tincture prepared from the bark of this plant. Dr. Rowan prepared six ounces of tincture from 113 grains of the powdered bark. At the time he was suffering from an attack of painless, watery diarrhoea. He mixed five drops of this tincture with half a tumbler of water, and took a dessert spoonful every two hours; within two days the diarrhoea had ceased. A week afterwards, having completely recovered his usual health, he mixed ten drops in the same quantity of water, taking a dessert spoonful every two hours. The only discomfort felt was a certain dryness and heat at the back of the tongue and fauces, and a taste similar to that produced by chewing *mazereum* bark. As the doses were repeated, he felt a sinking sensation at the epigastrium, with considerable tenesmus, and a sensation as though the whole of the intestines would pass through the sphincter ani; a symptom which he says he never experienced before.

These symptoms are scanty, but they indicate the bark as worthy of an extended proving. We trust that some of our colleagues may be induced to experiment upon themselves with it. Very little has been done by homœopaths in this country towards either the verification or the extension of our *Materia Medica*. We have received largely, have contributed meagrely. This is not as it should be.

Dr. Rowan has prescribed the *alstonia* in six cases of painless, watery diarrhoea, and they were invariably cured within twenty-

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four hours. In four cases of bilious diarrhœa it proved of no service.

A complete proving can alone indicate the forms of disease in which this or any other remedy can be used advantageously.

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RESULT OF THE APPLICATION BY DR. ACLAND  
TO THE  
GENERAL MEDICAL COUNCIL, FOR A GRANT TO AID IN INVESTIGATING THE PHYSIOLOGICAL ACTION OF REMEDIES.

At the late meeting of the British Association for the Advancement of Science, a letter was read from Dr. Acland, announcing the decision of the Medical Council, that they were not in a position to advance funds for the purpose on behalf of which money was solicited. There was an unanimous opinion on the part of the section, that the failure of the application was much to be regretted, but that Dr. Acland should pursue the same course, until pressure from without led to a more satisfactory and scientific decision on the part of the Medical Council.

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THE POOR-LAW BOARD AND HOMŒOPATHY.

From a note in the *Lancet* of the 22nd ult., we are led to infer that somebody wants the post of district medical officer at Winchester, at present held by Dr. Wilde of that city. As most of our readers are aware, Dr. Wilde practises homœopathically: hence a cry is attempted to be got up to oust him from his appointment. The Poor-Law Commissioners have stated that they would not consent to any arrangement, by which the sick poor of any district would be confided to the care of a medical officer who adopted the homœopathic system *exclusively*. As no man can confine his remedial measures to *drugs alone*; so no one can practise homœopathically *exclusively*. Homœopathy bears upon drugs, and upon drugs only. It has no reference to diet, to the applications of water or to any other means of alleviating disease, except *drugs*. Further, cases arise which have been pointed out often enough as cases beyond the sphere of the homœopathic law—cases requiring surgical interference, cases of poisoning, cases where from the advanced and organic nature of the disease

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palliatives, and palliatives only, can be of any service. These no one treats by medicines administered in harmony with the homœopathic law. Consequently the *exclusive* practice of homœopathy does not obtain anywhere. And hence the official circular quoted by the *Lancet's* correspondent, who appears to be in search of Dr. Wilde's berth, is entirely beside the mark. When Dr. Wilde was elected in 1863 to fill the position he has since continued to occupy, the fact of his being a homœopathist was freely circulated among the Guardians, and though his opponent was a man of great ability, Dr. W. was elected by a majority of 25 to 5. At the election a Guardian observed that as Dr. Wilde was a homœopathist he was objectionable; but the Chairman immediately observed—"We have nothing to do with that; we have nothing to do with the method of treatment."\* Certainly not. The business of a Board of Guardians, is to select a man of as much ability, experience and probity as they can get to accept their appointment. The duty of the medical officer is to treat his patients in that manner, which his learning and experience have proved to him to be best calculated to promote their recovery. This we are sure Dr. Wilde does. And knowing this, we think the day is gone by when the Poor-Law Commissioners would interfere with the appointment of such a man, at the instigation of a surgeon wanting the place, backed by the dictation of a *clique* whose ignorance of homœopathy is, if possible, more than equalled by their detestation of it.

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HOMŒOPATHY IN RAROTONGA.—A FAIR  
EXPERIMENT.

We extract the following from *Mission Life in the Islands of the Pacific*,† a memoir of the life of the Rev. A. Buzacott:—

"In 1854 the infection of measles was brought from Tahiti, and proved fatal to an extraordinary extent. It was during this epidemic that our friend Mr. Buzacott, being left alone on the island, and having taken out with him from England an ample quantity of medicines, resolved to make an experiment. Accord-

\* *Monthly Homœopathic Review*, Vol. VII, p, 394.

† London: John Snow & Co.

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ingly, he treated one half the island allopathically and the other half homœopathically, and the result amazed him. More died on the old system than on the new. Homœopathy produced a revolution in the ideas of the natives concerning medical treatment. They used to be eager advocates for large quantities of medicine, never deeming anything less than a good bowlful a proper dose for an adult. When the above experiment was tried, they rushed to the other extreme, and would believe in nothing but globules and tinctures."

We beg to refer the learned Theban upon whose boasted slaying of homœopathy we have commented to Rarotonga. His work, so far as homœopathy is concerned, being concluded at home, another sphere is now open to him: Rarotonga is the country—the destruction of homœopathy is the mission.—Eds. *M. H. R.*

## CHOLERA IN NEW YORK.

THE Board of Health in the city of New York has endeavoured to place obstacles in the way of cholera being treated by homœopathic physicians within their jurisdiction. In the *New York Times* of the 28th of July, Drs. Bowers and Hull publish a letter protesting against the course pursued by the Board. Upon this letter the Editor makes some very apposite comments, from which we extract the following:—

"The homœopathists here claim that they can cure cholera by their treatment in a larger proportion of cases than by the old method. Surely there is reason enough for a frank agreement between the two schools as to what opportunity shall be afforded of testing their respective merits. There is hardly a city in the United States that has not a representative of both, and the public have a right to ask that no professional prejudice shall stand in the way of further investigation. If there were no other reason for entire fairness toward the homœopathists, there is this one of no small importance: there are very many families whose members have been attended for years by homœopathic physicians. Justice to them calls for all possible light as to the powers of these attendants. If the cholera defies the

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resources of homœopathy, let the truth be known, and if it succumbs to those resources let no means be spared of publishing the fact. It is not right to sow mistrust, and the failure to facilitate inquiry may be also highly criminal. We speak on behalf of no particular School, and merely suggest what seems fair."

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## CHARITABLE BEQUESTS.

THE late Most Excellent Count de Ferreira dos Santos of Oporto has bequeathed a complete suit of clothes to each inmate of the Santa Casa de Misericordia of Oporto, there being not less than twenty patients there under homœopathic treatment. He also leaves sums of money to the Consultorio Homœopathico Portueuse, on the condition that the Institution is open to poor people on Sundays and holidays.

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## PROGRESS.

ON the list of graduates at the last annual "capping" at the University of Edinburgh, we observe the name of Adolphus HAHNEMANN Allshorn. Sixteen years ago—and probably more recently—the possession of the name of the founder of the homœopathic method, would have been an insuperable barrier to the attainment of the degree of M.D. Edin. Not only, however, has the young graduate the name, which of all names is that most obnoxious to ears allopathic, but his father has for more than twenty years been well known as a homœopathic chemist, and for a long while as a qualified practitioner of homœopathy in Edinburgh. We trust we may accept this fact as some evidence of the existence of a more enlightened and liberal feeling among the faculty of the University, than that which held its sway over their minds in 1851 and for several years afterwards.

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## NEW HOMŒOPATHIC MEDICAL DIRECTORY.

COMMUNICATIONS respecting changes of residence, and regarding localities where homœopathic practitioners are desired, should be forwarded, *at once*, to the Editor, 15, Catharine Place, Bath.

## CORRESPONDENCE.

## DR. KIDD ON THE TREATMENT OF CHOLERA.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—May I, as a young practitioner of homœopathy, enquire whether the treatment of cholera, put forth in Dr. Kidd's recent pamphlet on this subject as homœopathic, is really so or not? The quotations from Fleischmann, Russell and others, would lead me to suppose that the treatment he advises is similar to that pursued by them. Is it so? I have read Dr. Russell's *Treatise on Epidemic Cholera*, but nowhere do I find him, as I do find Dr. Kidd, advising five drop doses of the pure tincture of *ipêcacuanha* to promote free vomiting, full doses of *castor oil*, both by mouth and rectum, five drop doses of the 1st decimal tincture of *veratrum* or of *camphor*, given every ten minutes in alternation with *veratrum*. We all know the value of *camphor* in diarrhœa and cholera, but the use of alternating it with another medicine is not very apparent. Did any homœopathic practitioner of repute ever treat cholera after this fashion? Or supposing one to have done so, did he delude himself by the idea that he was practising homœopathically?

Dr. Russell had great success in the treatment of cholera, but nowhere does he refer to the employment of emetics and purgatives, in doses competent to excite their pathogenetic effects, Dr. Kidd's plan. Dr. Kidd quotes Dr. Russell's statistics as evidence of the value of homœopathy. True; but they are no evidence of the virtue of the method which Dr. Kidd sets forth, under the designation *homœopathic*. Perhaps Dr. Kidd would favour his brethren with some statistical proof of the superiority of what he understands by homœopathy in cholera, over that method which under the same name has been taught by Hahnemann, Fleischmann, Russell and others. Until he does so, I cannot but think that it would be better, for those of us who have yet to come into contact with cholera for the first time, to work out our cases by the light of the pure homœo-



## TO CORRESPONDENTS, ETC.

pathic law, as eminent homœopathic physicians have already done with so much success in former epidemics.

I am, Gentlemen, your obedient servant,

JUVENIS.

Sept. 11th, 1866.

## NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Tuthill Maasy; "A Debtor to Homœopathy;" "Juvenis;" Dr. Sharp, Rugby; Dr. Sutherland, Leamington; Dr. Meyhoffer, Nice; Mr. Brisley, Devonport; Dr. Rowan, Barnsley; Dr. Oliver, Maidstone.

## REMOVALS.

Dr. RUDDOCK from Woolwich to READING.  
 Dr. HASTINGS from Cheltenham to BRIXTON.  
 Dr. CAMPBELL, late House Surgeon at the London Homœopathic Hospital, to ADELAIDE, S. AUSTRALIA.  
 Dr. OLIVER from Wolsingham to MAIDSTONE.  
 Mr. HAYMAN from Lincoln to DERBY.  
 Mr. BRISLEY from Halifax to DEVONPORT.

## ERRATUM.

On page 564, Dr. Sharp is stated to have alluded to the value of *argent. nit.* where pain in large joints was connected with spinal or muscular irritation; Dr. Sharp referred not to the *nitrate*, but to the *argentum metallicum*.

## BOOKS AND PERIODICALS RECEIVED.

*Malaria, the Common Cause of Cholera, Intermittent Fever, and its Allies.* By A. T. MCGOWAN, L.R.C.P. London, &c. London: Churchill & Sons, 1866.  
*Hygienic Medicine.* By Dr. MEAD.  
*Cholera: How to Prevent and How to Treat it.* By R. GUTTERIDGE, M.D.  
*On Cholera.* By G. N. EPPS, Esq.  
*Interlaken im Berner-Oberland als Luft- und Molkentur-Ort, vom therapeutischen Standpunkte aus betrachtet.* Interlaken.  
*The Medical Mirror.* H. K. Lewis, Gower Street. August and September.  
*American Homœopathic Review*, May 1866.  
*American Homœopathic Observer*, September.  
*Allgemeine Homœopathische Zeitung.*  
*Neue Zeitschrift für Homœopathische Klinik.*  
*Bulletin de la Société Médicale Homœopathique de France*, Août.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### MEDICAL ETHICS AND THE BRITISH MEDICAL JOURNAL.

Is there anything peculiar in the medical profession which necessitates *a special system of ethics* for the guidance of its members? Is a *medical gentleman* something so different from an *ordinary gentleman*, that the code of morality regulating the actions of the one is inapplicable to the guidance of the other? If not, then *medical ethics* are an anomaly. So long as the *profession of medicine* lays claim to the title of "*gentleman*" for each of its members, it must insist on their conforming to the ethical rules by which *gentlemen* are guided in their daily life. The laws which regulate the mutual intercourse of gentlemen have been slowly elaborated through ages of varying circumstance, and form an unwritten but recognised code, the heart and centre of which is the *golden christian maxim*, "Do unto others as ye would that others should do to you."

Had it not been for the interference of the *British Medical Association*, this time-honoured code of ethics would have sufficed for the guidance of the medical profession. But in 1851 a course was adopted by this *Association* which forced its members to pursue a line of conduct unbefitting men of honour and probity; one which, occa-

## MEDICAL ETHICS AND THE BRITISH MEDICAL JOURNAL.

sionally, led them into positions of antagonism to ordinary ethical rules. This great Association prostituted its powerful agency to the enforcement of a trades'-union policy, of a new type, on its members. It bound them to a line of conduct which could not fail to place them continually in the position of men trampling upon and violating the ordinary code of honourable and gentlemanly conduct. It thus became needful to lay down some *artificial code of ethics*, to replace that which it ordered its members to break.

Hence arose *medical ethics*. The developments of this new code of morality, in allowing the *medical gentleman* to do what the *ordinary gentleman* would call *dirty work*, are often very surprising. Having a new code of morals to learn late in life, is not so easy as it might at first sight appear; and the *slaves* of the British Medical Association have no easy time of it.

The *heart* of these new ethical laws is contained in this one sentence: "Hate homœopathy, and keep no faith with those who practise it; break every ethical law, human or divine, to accomplish this purpose: the end justifies the means." Hence we find that the *British-Medical-Association-gentleman* feels no shame in giving utterance to the most barefaced *untruths* regarding homœopathy. His face does not burn, though he slanders his homœopathic brother practitioner, calling him a quack, an impostor, a charlatan; well knowing that he is neither the one nor the other, but is, medically and surgically, as well qualified as himself. His new code of medical ethics teaches him that *slandering and lying* against homœopathy is a *virtue*. True, it would be a *vice* against anything else; but homœopathy is under the ban of the *British Medical Association*, and this is his master and lawgiver. To *gentlemen* outside the medical profession it appears incredible; but it is *sober fact*. Those very men

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who in every other relation of life are gentlemen and christians, feel themselves absolved from their chivalry and their christian obligations as respects homœopathy. They have the *plenary absolution* of the *Lancet* and the British Medical Association. The study of *medical ethics* is therefore a rather complicated affair. The members of the British Medical Association are taught that those who practise homœopathy are "knaves and fools;" they are forbidden to hold *any professional intercourse* with them on any pretence; they are further forbidden to hold any professional intercourse with practitioners who meet homœopathic practitioners in consultation. What are they to assume with regard to these ostracised and banned individuals, if not that they are men of neither honour nor character, with whom they are bound to keep no terms? If the heads of the British Medical Association and the conductors of the *Lancet* really believe that those physicians and surgeons who practise homœopathy are *knaves, fools, and quacks*, how can they consistently hold any relations, public or private, with them? The thing is patent—they cannot. That these British-Medical-Association-gentlemen (we cannot give them the latter title without prefixing the former, in order to mark the *exact sense* in which we use the word) do not really believe their own assertions, is very plain to those who read and ponder over such *leading articles* as that which appeared on Oct. 6th, in the pages of the *British Medical Journal*. Similar answers to bewildered correspondents appear, from time to time, in the *Lancet* and other allopathic medical journals, enjoining on their *abject slaves* to shake hands *privately* with homœopathic practitioners, to put their feet under the same festive board—nay, to join them on terms of social equality in the same clubs. Poor British-Medical-Association-gentleman! The same *rule of ethics* which makes him avoid a man as a *quack*,

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*knave or impostor* in the sick-room, forces him to meet this *quack, knave and impostor* at dinner, or to smoke a cigar with him at the club. There is clearly something wrong in all this. If a homœopath were the dishonoured and dishonourable man that these slanderers represent him, the *British-Medical-Association-gentleman* ought not to be ordered to meet him in society. The *oracle* is at fault. "No member of our profession, we should hope," says the bland Editor of the *British Medical Journal*, "would refuse to meet in society a homœopathic practitioner." Oh, confessed humbug! how would you like to meet a quack or a knave or an impostor in society? *Medical ethics* have evidently done their work on the Ed. B. M. J., and produced an *ethical squint* that has almost destroyed his moral vision.

*Society* decrees that a physician who practises his profession honourably and legally and successfully, for the relief of human misery and suffering, is a philanthropic gentleman, in every sense of the word, and therefore receives him. *Society* will not be brow-beaten by *British Medical trades'-unionists*, and will have none of their *bastard ethics*. To use an Americanism, the Ed. B. M. J. feels "he's a gone coon, and has come down."

If these British Medical Association ethics last much longer, the only gentlemen found within the profession will be those who are under the ban of the *Great British Medical Association*. It will in time come to this: that "*Society*" will turn the tables, and will not give the "member" of the B. M. A. the chance of entering its circle. General ethics will assert their authority, and artificial ethics will succumb. If the Editor of the *British Medical Journal* were as conversant with *ethics* in their general sense as he professes to be with *medical ethics*, he would know that when he writes as follows of two medical men of equal attainments, both "*legally qualified men*," he is

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committing a grave moral offence, pronounced in ethical parlance a "lie by implication."

Commenting on a case of *medical ethics*, related in our *Review* for July, he says: "A Homœopathic Review tells of a case in which a *homœopath* and a *medical man* were brought into contact, not (as we think) professionally, and yet to the discomfiture of the *medical man*." The same strain is continued throughout the article, inferentially suggesting that the one was a *legally qualified practitioner* and that the other *was not*.

Yet the Editor knows perfectly well that Mr. Clifton, whom he designates the homœopath, is a legally qualified and a legally registered surgeon. He also knows that Mr. Clifton exercises not only a right, but, after his investigations and conclusions, that he performs nothing more than his bounden duty in adopting the practice of homœopathy. The attempt to draw any distinction between him and his opponent, in point of professional standing and probity, is unjustifiable on any other *ethical* consideration than that contained in a *degraded medical code*.

*Mr. Evans*, the allopathic surgeon in the case named, acted strictly in accordance with the spirit and letter of the code of medical ethics imposed on him by the British Medical Association; we do not blame him harshly for his weak compliance, and we think it rather hard on him that the Editor should censure him for his obedience. But, on the other hand, we hope that when the Editor of the B. M. J. says of Mr. Evans that "he was wrong in the course he took," we may hail these words as the return of a "spark of honour;" as the harbinger of a better feeling on the part of the Association. Indeed, mixing as members of the Association do, among men of varied thought and feeling, they must already be aware that their *trades'-unionism* is injuring the moral status of the whole profession. The day has passed when a

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scientific body can, without self-injury, attempt to limit freedom of thought and action among its members.

Especially ought members of the medical profession to be protected and encouraged in all scientific experimental enquiries. To make the pursuit of any new development of science *penal* is a suicidal policy, which can only tend to damage the society that attempts such an anachronism.

It is something to obtain an admission from the "*deus ex machina*" of the Association, that *Mr. Evans* ought to have met *Mr. Clifton*, and that the surgeon who refused to countersign our certificate, because we practise homœopathically, was wrong also. From this it would seem that *medical ethics* have only temporarily asphyxiated the good sense of the Association, and not permanently strangled it.

In conclusion, the Editor has adversely criticised our good nature, in "stopping a gap" for an allopath; and in doing this he has drawn our attention to the fact that the case was not stated by us so clearly as it should have been, and has thus given rise to a misapprehension of our views. These are the facts:—We were called suddenly to see a child in an epileptic fit. The regular medical attendant of the family could not be found, and two or three other surgeons, who were successively sent for, were from home. Finally, they sent for us. The patient's friends and his doctor were strongly opposed to homœopathy. The only honourable course, therefore, appeared to us to be, to prescribe for the child such means as should not interfere with the treatment he was undergoing. We ordered allopathic treatment, in such a form as we could conscientiously feel would not harm him. Had the case been one of imminent danger, and had we felt that the *keys of life and death*, so to speak, were in our hands, our duty would have been to have prescribed homœopathically; but it would have been, in our opinion, alike useless to the patient and uncourteous to his doctor,

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to have employed the one short hour during which the case was in our hands, for the purpose of undermining the faith of the people in their family adviser. Our *individual opinion* was not sought, or it would have been given; the fortuitous nature of the call and the accidental absence of the regular attendant did not, in our opinion, demand the infliction of our own private views on the patient's friends.

The Ed. B. M. J. finally says: "From London to Constantinople, we will venture to affirm, the homœopath who tells the above tale will find no medical man complaisant enough to return the compliment to him—viz., to prescribe homœopathically for a homœopathic patient, should he be suddenly called in during the homœopath's temporary absence."

This we think very possible, as we do not believe that there is an allopathic physician or surgeon between London and Constantinople who would have the requisite knowledge to prescribe homœopathically. We believe that whenever a physician or surgeon gains a real practical and theoretical knowledge of homœopathy, he sees at once its manifest advantage, and adopts it into his practice. Then, according to *medical logic* (which is also a speciality), he ceases to be a *medical man*, and according to *medical ethics* he is cast out of the medical pale.

Ordinarily we say, *one and one* make two: a knowledge of *homœopathy*, superadded to a previous knowledge of *allopathy*, makes a more accomplished and more learned *physician*. *Medico-ethically* they say *one and one* make *none*. If a *medical man* adds *homœopathy* to his previous knowledge of *allopathy*, he *ceases to be a medical man*. British Medical logic is on a par with British Medical ethics.

Before we take leave of the Ed. B. M. J., let us entreat his study of the *Midsummer Night's Dream*. We will quote from it for his advantage.



## ON ALBUMINURIA.

BOTTOM. Let me play the lion too : I will roar, that it will do any man's heart good to hear me ; I will roar, that I will make the Duke say, Let him roar again ; let him roar again.

QUINCE. An' you should do it too terribly, you would fright the Duchess, and the ladies, that they would shriek : and that were enough to hang us all.

ALL. That would hang us, every mother's son.

BOTTOM. I grant you, friends, if that you should fright the ladies out of their wits, they would have no more discretion but to hang us ; but I will aggravate my voice so, that I will roar you as gently as any sucking dove ; I will roar you an 't were any nightingale.

We hail with no little pleasure the discretion of the medical Bottom, who, having threatened to " roar " with sonorous ferocity, has changed his cue, and is beginning to *roar* " as gently as a sucking dove," or " an 't were any nightingale."

Lastly, one little word of caution. Take warning from Bottom and beware Oberon. When Titania awoke to the consciousness that Bottom wore an ass's head, she loathed her former love !

## ON ALBUMINURIA.

By Dr. MEYHOFFER, of Nice.

(Continued from page 602.)

*Albuminuria in affections of the respiratory organs.*—The endeavour to state how often the renal secretion carries albumen in acute affections of the respiratory organs, must be considered at least as premature and of very small statistical value ; what is more important is to know where and under what circumstances this symptom exists. In this respect all observations tend to confirm the fact, that albuminuria is in direct relation to the extension and intensity of the inflammatory process. The

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pathogenesis of albuminuria under these conditions varies and is often complex. Four sources, initiative to this functional disorder, come here into play: 1st, obstacles in the pulmonary circulation and limited sanguification, conducive to asphyxy; 2nd, febrile perversions of the oxydation and isomeric catalysis of the proteine compounds; 3rd, passive and active secondary congestion of the kidneys; and 4th, hyperalbuminosis resulting from excessive denutrition or functional suppression of the divers emunctories; one of these causes may act alone or in connection with one or more of the others.

*Acute phthisis pulmonalis.*—According to Gubler “albuminuria is so much the rule in acute tuberculosis, that the latter has often been confounded with typhoid fever.”\* Beneke, evidently not aware of the constancy of albuminous urine in the last named disease, was induced to consider the presence of albumen in the renal excretion as a distinct symptom of acute miliary tuberculosis. In five out of six cases of this disease I observed the urine to be albuminous; the sixth patient was an individual already labouring under chronic M. Brightii: the post-mortem examination of this case revealed beside miliary tubercles in the lungs, granulations in the pia mater, turbid serosity in the cerebral ventricles, and granular degeneration of the kidneys;† death could certainly not here be attributed to uræmia.

In chronic tuberculosis, albuminuria is less frequent, and is observed as a temporary symptom during or after new infiltrations; I ascertained its presence several times when the latter took place under the form of intermittent fever. In some cases it is also a permanent symptom, and forms a part of the cachectic state. Bright's disease

\* *Dictionnaire Encyclopédique.* Tome 2, p. 481. 1865.

† *Meyhoffer, Ueber Acute Tuberculosis der Lungen.* Zurich 1855.

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complicates occasionally tuberculosis pulmonalis, and *vice versa*.

In *acute and chronic bronchitis* the extrusion of albumen seems to depend on the degree of dyspnoea, the extension of the inflammation and the intensity of the fever; in mild cases it is hardly ever observed.

All agree as to the great frequency of albuminuria in *pneumonia*. But while some investigators have satisfied themselves merely by verifying this symptom in a statistical point of view; others have considered it as a favorable and critical sign (M. Salon, Begbie and Abeille), or one of ill omen (Beneke).

Careful observation establishes, however, that this phenomenon has neither a critical nor prognostic value, but is in close connection with the hepatisation of the lung, according to the progress and extension of which the quantity of albumen in the urine increases or diminishes with its resolution. In peripneumonia this symptom seldom fails to appear, and the intensity and malignity of the fever exert a great influence on its production. It sometimes happens, that after every trace of albumen has vanished from the urine and the patient is becoming convalescent, that it appears again in increased quantity, accompanied at the same time by considerable emaciation. The return of this morbid symptom is attributed by Gubler to an excessive denutrition.

We have already mentioned the occurrence of albuminuria after the rapid resorption of pleuritic effusions; Smoler observed it in two out of ten cases, and as both of them became tuberculous, while none of the other eight evinced similar infiltrations, he concludes that albuminuria under these circumstances announces phthisis pulmonalis, and is therefore an evil prognostic. We have already explained the etiology of this symptom consecutive on serous resorption, and we need not insist on the

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mere coincidence of these two phenomena. Tuberculosis is, unfortunately, frequently enough the sad issue of pleuritic effusions in which the urine has never betrayed the presence of albumen, and two instances of this kind are by far too few to admit of a reliable conclusion. Moreover, as far as we are acquainted with the literature on this subject, we do not find any corroboration of Smoler's opinion. Gubler, who for years studied the various forms of albuminuria in the hospitals of Paris, makes no mention at all of similar observations, and he is too keen an observer to overlook such an issue.

*Asphytic albuminuria* takes place in breathing irrespirable gases, after severe and long paroxysms of nervous asthma, in emphysema, croup and other affections which prevent the oxydation of the blood. Although the pathogenesis of coagulating urine is complex in several of these affections, it is impossible not to attribute great influence to the reduced combustion.

When albuminuria is caused by the retention of carbonic acid in the blood, the urine generally contains oxalate of lime in a much larger proportion than in health.

In the North M. Brightii is a frequent complication of chronic diseases of the lungs, particularly of emphysema, induced then by passive congestion of the kidneys, or also by the same causes which determined the bronchial affections and the dilatation of the pulmonary tissue.

The albuminuria in the last moments of life begins with the moment of incipient paralysis of the pneumogastric nerve, and the albumen increases in quantity as the contractions of the heart and the lungs become more difficult.

*Albuminuria in diabetes mellitus.*—Thénard, Rayer and Dupuytren in testing the urine for glucose frequently found albumen in the urine. Rayer, Bell and Christison beheld therein a serious complication; and Smoler reports

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a case where, from the moment the urine became albuminous, it took a bad turn and soon ended fatally. Thénard and Dupuytren, however, form a more favorable prognosis, as they have habitually observed a general improvement in the state of health and the disappearance of glucose after the succession of albumen. This would at least suggest a diminished activity of the liver in its glucogenetic functions. Albuminuria and diabetes present besides several points of analogy indicating a certain connection between them. In the course of Bright's disease, as well as in diabetes, polydipsia and polyuria are not unfrequently remarked; both are characterised by the deperdition of materials most essential to nutrition, and the gangrenous diathesis, to which Merchal de Calvi has drawn attention in glucosuric patients, is nearly as frequent in chronic albuminuria.

Albuminous urine is often observed in *acute articular rheumatism* in the febrile period, and in rheumatic nephritis.

In *gout* this symptom is connected with the same pathogenetic causes as the preceding malady, alternating sometimes with the elimination of gravel, which, as is well known, is habitually a symptom of the gouty diathesis.

*Albuminuria in atrophy.*—Gubler described first (1861) under the name of *paralysie amyotrophique*,\* a rapid atrophy of the muscles, accompanied by albuminuria consecutive to diphtheria gangrenosa. Since then he has observed the same morbid process in the convalescent stage of typhoid fever, inflammation of the lungs, and at the acme of very acute and prolonged articular rheumatism. It is characterised by a rapid wasting of the muscular tissue; in this excessive denutrition the quaternary compounds become prevalent in the blood and

\* *Gazette Med. de Paris*, 1861.

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are eliminated by the kidneys. Sometimes the urine is then also mixed with fatty or oily matters, when, by diminished respiratory combustion, there exists great re-sorption of adipose tissue.

*Albuminuria in connection with abdominal affections.*—In acute *atrophy* of the *liver* coagulable urine is of no rare occurrence, the quantity of albumen being correspondent to the intensity of the fever.

In *yellow fever* albuminuria is, according to Dutroulan,\* the rule in the second period of the disease, and the amount of albumen often very considerable.

Chronic *atrophy* of the *liver* is so frequently connected with granular kidney, that it is impossible not to recognise the same cause in the production of both; this is, moreover, also the case with fatty and amyloid degeneration of both glands. Alcoholism, scrofulosis, rhachitis, constitutional specific affections, cachexia mercurialis may either determine first the granular atrophy of the liver or of the kidneys, or simultaneously of both together. Virchow warned us already in 1856 against the prevailing tendency to consider granular kidney as the primary cause in certain conditions, he said: "The study of albuminuria has attracted the attention of modern observers principally to the kidneys, and persuaded them more and more of their frequent alteration. But observation has, beyond doubt, been occupied too exclusively with these organs, and I find in the liver, for instance, at least as often, alterations analogous to those in the kidneys: both, (and it is a question whether the spleen ought not to be included), show the same parenchymatous swelling, caused by the infiltration of a turbid albumino-granulous mass in the interior of the glandular cells, by which the organ is enlarged, loses its consistence, and appears flabby

\* Dutroulau *Traité des Maladies des Européens dans les pays chauds*. Paris 1861.

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when deprived of its investing membrane. Sometimes these alterations manifest an inflammatory character, and one may denominate them as parenchymatous nephritis or hepatitis. At other times the inflammatory nature is less conspicuous, it may then suffice to speak of albuminous infiltration.”\*

Cancer in the liver, as well as in other organs, is sometimes accompanied by albuminuria, this is particularly the case in its later period; in four out of nine cases of cancer, hepatitis and ventriculi I remarked albuminous urine: all these were in a far advanced cachectic state. In this respect the coagulable principle in the urine is common to every cachexy as scrofulosis, tuberculosis, tertiary disease (characterised besides by amyloid or waxy degeneration of the kidneys), to chronic glanders, scurvy, paludal infections and all other causes which affect the essential functions of life in a similar way. Whenever regeneration of the blood, nutrition of the muscles and other tissues are impeded, the respiratory combustion diminished, the result will always be an incomplete assimilation of the proteine compounds, too large a proportion of them in the blood and their necessary elimination by the renal glands, when catarrhal affections of the alimentary canal or the bronchial tubes do not turn them in another direction. As the anatomical structure of the renal glands is at the same time altered, the pathogenetic cause of albuminuria is under these conditions complex.

*Albuminuria in diseases of the nervous system.*—We have already seen that lesions in certain localities of the brain determine either mellituria or albuminuria; we pointed out at the same time by what mechanism one or the other of these symptoms might occur; clinical facts have confirmed the induction drawn from experiments on animals. Bright himself reports cases in which he

\* *Gesammelte Abhandlungen*, p. 778, note 20.

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considered the presence of albumen in the urine as dependent on epileptic convulsions. Smoler states that this symptom is constant in epilepsy of long standing, and frequent in its attacks; the albumen appears with the convulsions and disappears again one or two days after the latter have ceased. In meningitis cerebro-spinalis, meningitis simplex and tuberculosa it has been observed by Abeille, Becquerel, Brodie, Henkel and Aronshon. Gubler, in affections of the pons varolii, invariably verified the presence of albumen in the urine, and believes that this symptom may help to fix with more precision the seat of the pathological process in the brain. English and German pathologists record cases where albuminuria was connected with various forms of mental disorders.

Frequently albuminuria accompanies eclampsia, and has been considered, and is still so by many, as the cause of the latter; it is, however, generally but a temporary symptom and not connected with any serious lesion of the kidneys, since post-mortem examinations show the latter in no materially altered condition. The causes which produce the symptoms called eclampsia may be modifications of the blood, alterations in the nervous tissue, hyperæmia or anæmia of the brain, serous effusion into the ventricles or on the surface, œdema of the cephalic substance, etc.

*Albuminuria in cardiac affections.*—The functional disorders of the circulatory centre determine not only transudation of albumen through the Malpighian glomerules and the initiative tubuli uriniferi, by mere active or passive congestion, but in acute as well as in chronic affections, they induce also alterations of nutrition and modifications of the chemical constitution of the blood. In acute diseases of the heart, as peri, endo and myocarditis, the appearance of albumen is influenced by the intensity of the local morbid process, and its effect on respiratory



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oxydation and on the whole organism; incomplete contraction of the heart, particularly of the left ventricle, a slow or frequent, undulating, retarded pulse, a high degree of cyanosis, indicate almost invariably the presence of albumen in the urine. This latter symptom will also frequently announce incipient danger of a pathological process in the heart in acute articular rheumatism, often long before the attention of the patient is drawn in this direction by any particular sensation; sometimes great alteration of structure takes place without giving, even for a long time,, appreciable inconvenience.

Every chronic affection of the heart which diminishes the arterial pressure and increases, on the contrary, the lateral tension of the veins to a certain degree, causes albuminuria by passive congestion of the kidneys; insufficiency of the valves, incomplete contraction of the ventricles by fatty degeneration, or a relaxation of the muscles of the heart after typhus and malignant diphtheria, usually determine this condition. Gubler believes those in error and in contradiction with themselves, who attribute to the reduced hydrostatic arterial pressure the extrusion of albumen, urging that insufficiency or stenosis of the aorta very seldom causes this symptom; that, moreover, albuminuria will ensue on the suppression of some branches of the renal artery (Panum), by causing exaggerated lateral pressure in the remaining trunks. It seems to us that Gubler is accusing others of his own faults; the experiments and observations of Ludwig, Goll, Kierulf, Traube, and Robinson have established as a law. that a reduction of the lateral arterial pressure and increased tension in the veins, determines a diminution in the renal excretion, which immediately or before long becomes albuminous; on the other hand, nobody denies to active congestion in the kidneys the possibility of causing extrusion of albumen; on the contrary, all quote

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this and with reason, as one of the most frequent primary causes, not only of transudative, but also of exudative albuminuria. That stenosis and insufficiency of the semi-lunar valves of the aorta are often borne for a long time with little or no inconvenience, is due to the compensatory dilatation and eccentric hypertrophy of the left ventricle, which thus balances the deficiency of the valves by a greater power of propulsion; this is even sometimes exaggerated so as to overbalance the defect, the lateral tension is greatly increased, the pulse full, strong and frequent, is seen dilating the carotids to their utmost; congestions take place to different parts of the organism, and apoplexy often terminates life before the existence of an organic disease of the heart was suspected. In these cases too, albuminuria has occasionally been observed (Ludwig), due of course to active congestion, as in this condition the veins meet no obstacle from emptying themselves into the right ventricle, and present therefore an inverse lateral tension to the arteries. Albuminuria can therefore proceed from increased as well as diminished lateral pressure of the arteries, the mechanism though different produces the same effect.

Insufficiency or *stenosis* of the mitral and particularly lesions of the tricuspid valves, however, influence in a much higher degree and in a relatively short time, the different important functions of life, nutrition and pulmonary combustion; stenosis mitralis especially has for its immediate effect venous stasis, soon followed by dyspnoea, anasarca, alterations in the structure of the liver—granular degeneration—and perversion of its functions; the renal glands at first only congested, soon undergo more serious anatomical modifications, known as fatty infiltration or granular kidney.

If albuminuria is a common symptom in functional or organic disorders of the heart, it is none the less so in

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diseases of the blood-vessels; thrombosis, not only in the renal veins but also in the arteria pulmonalis, is attended by the coagulable principle in the urine or granular kidney. The obstruction of the emulgent veins or their ligature, determine invariably the immediate extrusion of albumen in the kidneys (Robinson, Farrell). Paget observed granular degeneration of the renal glands in three cases, out of five, of thrombosis of the arteria pulmonalis and various other veins. Davy, Virchow, Rokitsansky and others have equally often remarked the same coincidence. But it is to be questioned, at least in some cases, whether the cause which determined the coagulation of the fibrine in the blood-vessels, was not the same which induced the anatomical alterations of the urinary glands.

Thrombosis, as well as granular kidney, generally results from weakness of circulation and respiratory action, or from a diminution of the vital force (Davy, Gulliver), and therefore so frequent in marasmus whatever its primary cause; moreover, Virchow states that slowness of circulation is one of the first conditions of relative or absolute prevalence of fibrine and white corpuscles in the blood, and an auxiliary circumstance to its coagulation in the vessels.

We have already examined the influence which circulation and respiration exert on the appearance of albumen in the urine, and have also stated the impoverishment of blood corpuscles, and relative or absolute prevalence of albumen in Bright's disease; it will, therefore, be difficult in many instances to determine whether thrombosis or granular kidney was the primary affection, the more so as the latter is frequently accompanied by obstruction of the emulgent veins, caused by the impermeability of the renal capillaries and diminished propulsion of the blood.

*(To be continued.)*

## IMPRESSIONS AND FACTS DRAWN FROM TEN YEARS' HOMŒOPATHIC PRACTICE.

By Dr. BAYES, Bath.

THE following remarks are the result of careful observations, made by me during active dispensary and private practice extending over a period of ten years, *i.e.*, from 1856 to 1866.\* They contain such facts as appear to me to have been incontestably proved, both as to the behaviour of certain remedies and as to the effects of different doses of those remedies.

I shall content myself with the bare statement of the conclusions which I have been able to form from the experimental investigations of my past practice, giving only so much detail as may appear absolutely needful for their elucidation.

I ought to premise that during rather more than nine years of the above time I was located in Cambridge, a town (as is known to most of our readers) situated in a very wide and flat valley, built on the sides of a narrow and sluggish river, sixty miles from the sea, and scarcely twenty feet above high water level. The town itself is built on gravel; the drinking water is obtained from wells and springs in the chalk formation which lies to the east and north-east of the town, while to the north and west extends a very large alluvial tract for sixty miles, much of which has been, at a comparatively recent date, reclaimed from marsh and swamp, but is now admirably drained (some say overdrained). Fevers and agues were at one time very prevalent, but are not now frequent.

\* I ought to add that I entered the practice of the medical profession in 1844 (the year in which I first became a member of the College of Surgeons), and that after twelve years of tolerably active private and dispensary work, I came to the conclusion that the anti-pathic and allopathic practice were comparatively useless, and therefore abandoned them and embraced the homœopathic system.

## IMPRESSIONS AND FACTS DRAWN FROM

There is less rainfall in and around Cambridge than in any other part of England, and there is a larger amount of sunshine than in most other parts. So much for locality.

In all experiments, the number of observations to some extent modifies their value. I can only speak with an approximation to accuracy, as to the number of observations from which the following data have been drawn; but as one chemist dispensed all my prescriptions, both in my private and dispensary practice, I can form a tolerable estimate. He once told me that he dispensed in one year very nearly 12,000 prescriptions; and this I have no doubt may be taken as the average observations for at least six out of nine years. Allowing half this number as the average of the first three years, we shall not be far wrong in stating that the following paper represents practical convictions founded on at least 90,000 observations; a number sufficiently great to give the conclusions arrived at some value.

When I look through my case-books and my scattered notes, and when I turn over the unwritten leaves of my memory, I cannot but be impressed with my poverty in absolute and incontrovertible facts. This consideration humbles me to the dust. The hostile criticism of our opponents and the investigations of the expectant school have shorn us of much of our bravery, and have taught us to be cautious in sifting our supposed facts, and to avoid the assumption of *cures* which we cannot clearly and incontestibly prove. The proof of a fact, in medical treatment, must rest upon the corroboration presented by the treatment of a number of similar cases by similar means and with similar success, and the comparative want of success under other means, and its absence when the case is left to nature. Until we know something of the natural history of disease, we cannot tell how much of our

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apparent success in treatment is real. One great series of facts, leading me to the inference, that medical treatment is far more successful than the expectant school would have us infer, is that when diseases, almost harmless to us, invade savage and ignorant nations, they are characterised by a terrible mortality. Measles, whooping cough, influenza, &c., are fearfully fatal diseases among savage nations, whereas amongst us they are rarely attended with mortality. It is probable that we are largely indebted, in the cures of acute diseases, to those numerous hygienic means included under the general head of *nursing*; still, wherever a large series of cases, treated on the strictest principles of expectancy, have been compared with those treated, in addition, with homœopathic medication, there has been a very considerable per centage of cures shewn in favour of the homœopathic method; and there has further been shewn to have been *a more rapid and speedy recovery under the homœopathic* than under the expectant treatment.

That the expectant method, *with good nursing*, is superior to ordinary allopathic medication, has been proved by the same "hard logic of facts," at least as regards the more acute forms of disease, such as cholera, pneumonia, and the large class of fevers.

Another point, to which I wish to draw special attention in the following series of papers, is that which is conventionally called "*the dose question*."

In approaching the question of *dose*, or rather of *dilution*, it appears probable that the efficacy of the medicine depends far more on the choice of an appropriate dilution than has been generally conceded by our practitioners. It appears to me certain that, not only does the constitutional sensitiveness of the patient, to some extent, dominate the dilution to be given, but also that some diseases are far better treated by the high and some by

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the lower dilutions. For example, a physician who should always prescribe the same dilution in all diseases, whether he go upon the 200th, the 30th, the 12th, the 3rd, or the mother tinctures, will have to record many brilliant cures in certain diseases, while he will find, on the other hand, that certain other diseases will baffle and perplex him by their obstinacy.

In the *Homœopathic Observer* for February and March, 1864, I detailed several very striking cases in point, where high dilutions cured patients whose cases had failed to respond to lower dilutions of the same medicine. Other facts, equally striking, have presented themselves, where the lower dilutions have proved curative after the high dilutions had been administered fruitlessly.

I purpose in this paper, to follow the example set us by Dr. Clotar Müller (in his paper on the "Dose Question," which was translated from the German, and appeared in the twenty-third volume of the *British Journal of Homœopathy*, page 353), and to give a slight summary of my own individual experience, without any reference to that of other labourers in this field of science.

**ACONITE.**—In *inflammations* generally, and in all cases where there is *active congestion* or general, *active arterial excitement*, I have found *aconite*, in the lower dilutions, of the greatest service. I have used from the 1st decimal to the 3rd centesimal in these cases.

In inflammations of specific tracts and organs, I have not found permanent good result from the continued use of *aconite* alone; in *acute hydrocephalus*, in *encephalitis*, in *pleurisy*, *pneumonia*, &c., the homœopathic specific remedy has a more decided effect in each case. The special sphere of the lower dilutions of *aconite* seems to me to be its power to control arterial and capillary action. In this way it assists us in the treatment of all inflamma-

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tions, many of which would probably recover under the influence of *aconite* alone; but the cure is more marked and rapid, if, after a few doses of *aconite*, the homœopathic specific is given, or if the two medicines are given in alternation.

In a case of *delirium tremens* characterised by *acute mania*, with terrible imaginings, frightful fancies and constant terror, the patient springing out of bed with great desire to go out of the house, I saw sleep induced by a single dose of 3 drops of the 1st centesimal tincture of *aconite*: the sleep lasted two hours. A second similar dose gave nine or ten hours' sleep, and the patient made a good recovery. In this case allopathic doses of *opium* had been given without effect, and afterwards many homœopathic remedies; but the sleeplessness and constant delirium remained unchecked for many days and nights. It was at last decided to send the patient to a lunatic asylum; and while arrangements for this purpose were being made, the *aconite* was administered with the above happy results.

In *otitis*, of which I have seen many very severe cases, *aconite*, 1st decimal, has proved rapidly curative, in 2 to 5 drop doses, every hour or two hours, till the pain is relieved. I have never seen the higher dilutions of *aconite*, nor *pulsatilla* or *chamomilla* of any marked service in the maddening pain of acute otitis, while *acon.*, 1st dec., has acted admirably.

In *acute inflammation of one side of the nasal mucous membrane*, a condition sometimes confounded with *neurralgia*, where there is intense pain in the frontal sinuses and in the antrum, I have seen *acon.*, 1st decimal, in 5 drop doses, of immediate service. The special indication is when the pain is greatly increased by stooping the head or lying down.

In *inflammation of the prostate*, where there is urging



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to urinate, with great pain in micturition, or where, in milder cases, there is great pain in walking, especially downstairs, *acon.*, 1st decimal, 2 to 5 drops every hour or two hours, will give great relief. In the case of a patient, whose sufferings were so great that many allopaths (among them Dr. Bence Jones) had diagnosed stone in the bladder, although it could not be detected by the sound, *acon.*, 1st dec., in doses of 2 drops every two to four hours, speedily cured him. It is true that about once in three or six months, if he committed any indiscretion, his pains returned, but the *aconite* always cured them, and his life became pleasant to him; whereas, under the best and highest allopathic care, he was in continued misery, and his life a burden.

In *croup*, during its early stage, *aconite*, 1st centesimal, has done me most service; but its action does not appear to me to be well sustained, so that I have alternated it or supplemented it lately with *tartar emetic*, 1st centesimal.

As a warning to young homœopaths not to be too jubilant over an *apparent* cure, I would relate a case of severe fever in a lad at school, whose friends were homœopaths, while the schoolmaster was strongly opposed to the system. When I saw the boy, I was told that after a severe rigor he had been attacked with his present fever: his whole surface was suffused with redness, not so bright as in scarlet fever, but it looked suspicious; his pulse nearly 100, very full and incompressible. I left him some doses of *aconite*, 1st centesimal, in a tumblerful of water. In the evening I saw him again; he was cool, and almost well. His master was delighted; said, if that was homœopathy he should certainly adopt it; that in half an hour after the first dose the patient broke into a perspiration, and in a couple of hours was well. I was then young in homœopathy, and went on my way rejoicing; but in about thirty-six hours the same patient again had a

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chill, fever and sweat, and I then recognised my error: my patient had *ague*; the perspiration of two days before was due, not to the *aconite*, but to that mysterious class of phenomena which we meet with in intermittents. Although this boy made a capital recovery from his *ague*, his master, who had believed too much at first, believed too little ever after—a not infrequent psychological condition.

In *rheumatic endocarditis*, occurring during an attack of rheumatic fever, *aconite*, 3rd dec., I have seen act well in alternation with *spigelia*. I have seen but two such cases since I became a homœopath. In one case *delirium* was the only sign. The patient (who was suddenly seized about one in the morning) referred no pain to the heart; but as I had seen similar cases during the treatment of acute rheumatism in my allopathic days, I suspected the cause of the sudden delirium, and applied my stethoscope over the heart. As I was then but a young homœopath, I was excessively anxious about this case, and sat by the poor fellow giving him *aconite* and *spigelia* in alternation every quarter of an hour, till he became quiet. In two hours he was so far relieved that I left him without fear as to the result. He made an excellent recovery, and had no trace of heart disease left.

In *acute congestion of the liver*, and in *threatened jaundice with feverish symptoms*, *aconite*, 1st centesimal, in drop doses, acts promptly and well. In most cases it is needful to supplement the *aconite* (or to alternate it) with *mercurius*, except in those not infrequent cases where the patient has, in previous years, fallen into the hands of some allopathic worshipper of *mercury*; in this case *china* is to be chosen in place of *mercury*.

The 12th centesimal dilution of *aconite* has a sphere of as great cure-power as the lower. When I look over the amount of relief and cure this dilution has enabled me to

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dispense, I do not wonder at the enthusiasm of those who claim for it exclusive use.

In the *insomnia* of aged persons, *aconite* 12th I have seen the best results from 3 globule doses at bed time.

In those sudden *feverish attacks* of young children, often so alarming to those having charge of them, coming on without apparent cause, *aconite* 12th acts admirably, in doses of from 3 globules to 1 globule, given dissolved in water, and repeated every two or three hours. Growing children of a sanguine temperament are very subject to these ephemeral fevers; sometimes, if left to nature, they are accompanied by sudden bleedings at the nose, which, if not profuse, do no apparent harm.

*Aconite* 12th is the best treatment for these spontaneous nose-bleedings at their outset, as it equalizes the circulation, and removes the erethism which causes them. In the nose-bleed of elder children I have found *arnica* act more promptly.

In that *pain in the left hypochondrium* occurring in young women and girls, so often a troublesome ailment under allopathic care, *aconite* 12th, in 3 globule doses, two or three times a day, is of the greatest service. This pain arises from some irregularity in the action of the uterus and its appendages, and is the result of vicarious congestion, which, by some hidden law of the female constitution, always affects their left side. It may occur anywhere between the left side of the vertex and the sole of the left foot, but usually it is in the hypochondrium. Nine times out of ten the patient comes to have her heart examined, not unnaturally thinking that this pulsation and pain must indicate heart disease. The next most frequent centre of this pain is just within the crest of the left ilium. In young girls and young women of sanguine temperament this pain is usually cured by *aconite*, and far more usually by the 12th dilution. In some cases,

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however, *pulsatilla*, and in others *cimicifuga racemosa* are more strongly indicated.

In the sleeplessness of remittent fevers I have often seen good service done by giving a dose of *aconite* 12th (3 globules) at bed time.

In the *miliary form of scarlet fever*, so prevalent two years since (and under allopathic care so fatal, while even under our method a mortality very unusual in scarlet fever was met with), I have seen *aconite* 12th and also *aconite* 30th of marked service.

In *passive congestions* I have found less benefit from *aconite* than from *pulsatilla*.

In *acute lumbago* I have seen *aconite*, 1st centesimal and also 1st decimal, in doses of from 2 to 3 drops, give very speedy relief and cure.

I have been disappointed in the use of *aconite* in true neuralgia, while in pains caused by acute congestions or active inflammations I have seen the most marked relief and speedy cure follow its administration.

From all this it will be seen that I do not dissent from those who look upon *aconite* as fully deserving, by its curative power, the first place in our *Materia Medica*, which the alphabetical arrangement had already conceded to it.

Beside the dilutions named above, I have occasionally prescribed *aconite* in the higher, up to 200, and in the mother tincture. I have not seen so good results from the extremes as I have observed from those above enumerated.

(To be continued.)

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In endeavouring to persuade a man out of his faith in homœopathy, or to dissuade him from testing its power, allopaths generally adopt one of two lines of assertion—we cannot call them *arguments*—they say that either the medicines used by homœopathic practitioners are simply nothing but sugar of milk, and there-

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fore incapable of effecting either good or evil ; or that they are powerful poisons presented in their most concentrated form. A short while ago, during the past summer season, a surgeon in extensive practice at a fashionable watering place, was consulted by a highly nervous and excitable gentleman ; after a long cross-examination, followed by a most elaborate programme of *agenda* and *evitanda*, he said :—" But my dear sir, there is one more caution I desire most earnestly to impress upon you, it is this, whatever you do or wherever you go *never consult a homœopath, for all the patients of homœopaths invariably DIE IN TWO MONTHS!*" As a result he kept this nervous invalid on his books for a couple of months, but, not curing him, the patient yielded to the wishes of his friends, and in fear and trembling, consulted a homœopathic physician in the same town. He did cure him ; and then received, as the reason he had not been called upon before, the caution given him by the surgeon first seen.

There is a reverse to this medal to which we wish to call the serious attention of our readers. Allopathic medicines are, in many instances, not merely poisons, but they are ordered in doses not very far removed from the destructive point. This is a simple fact. Dr. Braithwaite, of Leeds, the editor of the *Retrospect of Medicine*, in an attack he wrote some years ago, on homœopathy and homœopaths, waxed wrath at meeting with this assertion in what little he had read of the writings of homœopathic practitioners, and said—" You call the drugs used by allopaths " POISONS. This is a total misrepresentation, in fact it is a very " discreditable assertion. Regular physicians and surgeons are " exceedingly careful when they prescribe strong medicines." Deaths by misadventure, however, still continued to appear in the public journals ; sometimes the immediate cause is found in an overdose administered by the surgeon, sometimes from an error of the compounder. But a poisonous dose of some medicine, in more or less frequent use, was invariably at the bottom of the fatal mistake.\*

\* Since this article was written, the death of Dr. Thomas Hall, Inspector-General of Hospitals, from an over-dose of Saville's mixture—the chief ingredient of which is the active principle of that very ordinary medicine, *colocynth*—has been announced.

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Let Dr. Braithwaite study the details of the inquest on the late Mrs. Simkin, and then ask himself whether the statement, that "the drugs used by allopaths are poisons," "is a total misrepresentation?" Can he truly say that the practitioners, whom he denominates regular physicians and surgeons, are "exceedingly careful when they prescribe strong medicines." Are these things so?

Mrs. Simkin died on the 9th of September last from the effects of *strychnine*, contained in a mixture sent from the surgery of her medical attendant. The details are fully set forth in the *Times* of the 2nd, and an abstract of them appears in the *Lancet* of the 6th ult. Suffice it then to say, that this unfortunate lady's life was brought to its premature conclusion amid the severest agony. So confident was the surgeon that no error had been made in the preparation of the medicine, that he took a draught of it himself, and with so terrible a result that his life was with difficulty saved by a neighbouring surgeon. The evidence of Professor Taylor proves that the remains of the mixture and the fluids in the viscera, contained sufficient *strychnine* to poison sixteen persons. "The stomach," he said, "was quite healthy, and its contents presented the appearance usually seen in the bodies of persons who had died suddenly "in a state of health, while digestion was going on."

We trust that Dr. Braithwaite will bear in mind this melancholy illustration of poisoning by an allopathic practitioner (or as he would prefer to style the unfortunate author of the catastrophe, a "regular surgeon"), when he asserts that to charge members of his section of the profession with using poisons is "a gross misrepresentation."

The *public safety* demands that we sift this case to its very foundations. Is it to be permitted that the most virulent and fatal poisons are to stand *side by side* with those of less lethal power, on the same shelf in the dispensary of the apothecary.

Is *strychnia*, of which half a grain is sufficient to kill a full-grown man in twenty minutes, to stand next to *bismuth*, of which *ten grains* may be taken without injury or inconvenience?

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Would even a difference in the form or colour of the bottle, containing the *poisons* in the surgeon's dispensary, be a sufficient protection?

Then again, who is to be entrusted with the compounding of these tremendous poisons? What scales are to be employed when life really hangs in the balance? and the fraction of a grain decides between health and a sudden, agonizing death? If such preparations are to be used in the practice of medicine, the keeping of them in a concentrated form ought to be rendered illegal. Such drugs as *strychnine*, *morphine*, and the like should never be legally saleable, save when in so diluted a form that ten grains or drops shall represent what is usually regarded as a medicinal dose. Further, medicines even so diluted, which are capable of exerting a powerfully poisonous action, ought to be kept under lock and key, and accessible only to the principal.

Drugs of this kind, in doses usually regarded as "safe" and "well borne" by allopathic practitioners, are, as we believe, unnecessary. Experience all over the world has proved that *all* cases can be cured much more quickly, much more pleasantly, and as all must admit much more *safely* without them than with them. But so long as what is termed *orthodox medicine* insists upon their necessity, upon the importance of giving to a patient a dose where a shake of the hand or a mistake of the eye may cause his death, we hold that such precautions should be enforced as will ensure the removal of a fatal result out of the category of simple carelessness of hand or defect of vision, and should, at least, confine these accidents to those, whose idiosyncrasies make them unusually sensitive to the action of these particular drugs. There are and always will be a certain number of patients who die because they were *not able to bear the treatment*, of whom it is said, "poor thing, the disease was subdued, but he had not strength to bear the remedies." These sensitive patients, so long as they are under allopathic treatment, always must and will run great risk when even ordinary doses are used; like people who will go to sea in storms their blood is on their own heads; our remarks do not apply to these, but to the avoidance of easily preventible dangers.

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One other question which has arisen out of this lamentable case of poisoning is the following: are the dispensers of these virulent and subtle poisons competently educated men? Or is it not a fact that the dispensing department of a general practitioner is oftentimes in the hands of a mere lad, or of an ignorant or inexperienced young man? Truth insists on the avowal that the latter is the ruling practice in too many *surgeries*, especially in the rural districts. The apprentice, or the *unqualified* assistant, dispense the medicines, and it is a point greatly to their credit that *deaths by misadventure*, such as the above, do not occur far more frequently. But whose is the fault? Certainly not that of the tired, and too often underpaid surgeon, who at the end of his day's labour is often physically incapable of doing the work himself. As long as the surgeon is underpaid, he cannot procure skilled labour in his surgery. Qualified assistants demand a salary proportionate to their knowledge and qualifications. Suppose a country practitioner has what is esteemed a really good practice with an income of £ 800 a year. He has a large private connexion, he has the Union district, and several clubs. Suppose him to have a wife and six children. Regard for one moment the work of such a man, and then compare with it his necessary expenditure. He is driving about morning, noon and night, in summer and winter, in rain and sunshine, he knows no sabbath, not even his night's rest is insured to him. Such labour lays most certainly the foundation for a premature old age. Then his expenses. He must occupy one of the best houses in his locality. Two or three horses must be kept; his carriage and harness kept in repair, and from time to time renewed. His servants cost him a small income. His children must be educated. His household, of perhaps 13 or 14 persons, daily provided for. An assistant he must have, but with such an array of liabilities he cannot afford to give one more than £ 20 a year, and even that is a hard pull. For such a sum a skilful dispenser can but rarely be procured. As to providing for the rainy day, which he is so fast bringing upon himself, *that* under such circumstances is almost an impossibility.

Now let the public ponder these things and say from their



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heart of hearts whether even a grievous misadventure ought to be heavily laid to the charge of such a fagged over-wearied and ill-remunerated public servant. Let them remember his unostentatious and too often unappreciated acts of kindness, rendered at seasons when acts of kindness are most needed. Let these be thought of before they overwhelm him with their reproaches. For our part it appears to us that the system of medicine which sanctions and requires the administration of large doses of active poisons, and the civil law which permits the open sale of concentrated poisons, deserve far more severe censure than any that should be attached to the immediate instrument of the accident.

Further, we would urge upon the profession a full and searching enquiry into the question—one we have so often endeavoured to press upon them—whether it is needful in *any case* to give *strong poisons* in doses of a semi-poisonous strength? We hold that it is not; but that by our *perfectly safe method*, a more rapid and more certain cure for all curable disease may always be attained.

## ELECTRICAL &amp; MEDICINAL DOSES: A PRACTICAL COMPARISON.

By H. BUCK, Esq., Camden Town.

In the *Times* of Monday, Oct. 1st, 1866, at the commencement of the third leader, I read as follows:—"The contents of a lady's thimble would hardly be expected to constitute a very powerful instrument. Such would scarcely be thought capable of effecting one of the most astonishing feats ever performed by science. The Chairman of the Atlantic Telegraph Company, however, informs us that this little instrument has actually achieved such a feat. By way of experiment, the engineer of the company joined the extremities of the two cables which now stretch across the Atlantic, thus forming a loop line 3700 miles in length. He then put some acid in a lady's silver thimble, with some bits of zinc and copper, and by this simple agency he succeeded in passing signals through the whole length in little more than a second of time. A few years ago how incredible

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such a statement would have sounded ! It seems, indeed, that the simplicity of the fact has taken even electricians by surprise. When a cable was first laid across the whole breadth of the Atlantic, it was anticipated that an unusually high power would be required to drive the current through such an immense length, consequently a battery of 50 cells, and afterwards one with 500 cells was employed. But this extraordinary power was found to injure the cable, and the company are now working between Valentia and Heart's Content with a battery of only 20 cells. It is, in fact, remarkable how greatly the success of the present year has dissipated the supposed difficulties of distant or deep sea telegraphy."

I could not read the passage above quoted without being sensibly struck with the great analogy presented between the effect produced on the cable by a minute dose of electricity and the like effect of minute doses of homœopathic medicine on the human body. Those who have experimented personally, and those who have carefully watched the effects of medicine on their patients, will at once catch the idea, and realize in their own minds the striking relation of this experiment to the practice of true homœopathy. It was quite reasonable to anticipate that great power would be necessary to convey the electric current this immense distance, if we reason according to mechanical laws ; but the laws of electricity (as yet but little understood) appear to be more self-sustaining, and of even continuance, while the necessary appliance is maintained : thus, the battery of 500 cells, instead of working well, actually damaged the cable, while the quality and power contained in the little thimble proved all-sufficient. In applying this to disease we obtain similar results. It was very natural to argue that strong diseases required strong remedies ; but experience teaches that this argument is not true ; and it is equally astonishing to learn that the most violent symptoms of disease can be relieved and palliated by a very small dose of the proper remedy acting through the medium of the nerves and vital fluid—thus resembling the magnetic current, however deep it shall lie. I will not occupy space with any argument that might be

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advanced, attempting to prove this point, but will be content to relate a simple case, of frequent occurrence, illustrative of the point I wish to convey. The following occurred very lately, in my own practice :—A lady had suffered nearly three years with soreness and frequent ulceration of the membrane lining the nose : it often caused her great annoyance ; itching, swelling, sometimes hot, then sore ; crusting over, which induced a constant desire to pick, which was frequently followed by profuse bleeding. Sometimes, when in company, her handkerchief would be seen much stained with blood. She had been under medical treatment for some time, without any very marked results. About nine months ago she first consulted me ; she was then taking some pills, and applying glycerine. I have often cured similar cases with *aurum* tincture 5, one drop in half a wineglass of water, three times a day : this I prescribed for her. In one week she was better, but not cured. There was less pain and uneasiness, still considerable irritation was kept up ; for two or three days she was better, then worse. This state of things continued about six weeks, when I changed the medicine to *hepar sulph.* In a week the nose was much worse, and *arsenicum* was prescribed without benefit. She remained without medicine for three weeks, continuing much in the same state : she began to despair of a cure. I now determined to give *aurum* again, in a higher potency. Two globules, in a powder of milk sugar, of *aurum* 200, were taken dry on the tongue at bed time. The following morning the whole nose was much swollen, but not painful ; she felt a great change had taken place, but still feeling more comfortable. The following day the swelling had subsided ; slight itching continued for two or three days ; but her trouble had ceased, and to the present time she has not repeated the *aurum* ; so that I believe she may be placed among those whom we are proud to designate cured.

Now, from this case we conclude that our battery No. 5 was, like the battery of 500 cells, not quite suitable to the case : the 200th of *gold* may resemble the contents of a lady's silver thimble, and the small dose prove equally valuable for the Atlantic cable as well as a lady's nose. Thus we live and learn.

## REVIEWS.

*Malaria the common cause of Cholera, Intermittent Fever, and its Allies.* By A. T. MACGOWAN, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. London: Churchill & Sons. 1866.

Various are the theories that have been from time to time promulgated to explain the mode in which cholera is developed and propagated. Hahnemann in 1831 regarded it as due to and spread by the presence of animalcules first developed on the marshy banks of the Ganges, attaching themselves to the persons of individuals, forming around them what he describes as an "invisible cloud," "composed of probably millions of miasmatic animated beings." Though far from being demonstrable, this theory "fits the facts" as well or better than any other that has been advanced. It necessarily involves the doctrine of the contagious nature of cholera. Contagion though it does not account for nearly all the facts collected, is doubtless one of the modes by which this mysterious disease spreads itself. Dr Turrel\* on the other hand ascribes the progress of cholera to a free cholera cloud generated on the banks of the Ganges, where the disease is endemic, and wafted in currents of air in divers directions, producing an outburst of cholera only when it finds local conditions (bad drainage, &c.) favourable to its development. Groups of cholera patients in each district, when the epidemic gets a hold, forming additional cholera miasmata; thereby rendering the disease infectious though not contagious in the sense in which small-pox is so. Dr. Turrell therefore regards quarantine as useless, whilst Hahnemann from his point of view argues in favour of it. Another theory originally advanced by the late Dr. Snow is that the disease is propagated through the agency of water. This, but too probable, source of so grievous peril becomes especially serious, and demands proportionately anxious enquiry when we consider to how large a district a single reservoir often supplies the only available drinking water.

Dr. Macgowan, who was at one time Field Assistant Surgeon at Cawnpore, and who during a residence in India from 1857 to

\* *Monthly Homœopathic Review*, April 1866. p. 228.

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path of scientific progress. If the *fiat of a majority* is to decide in what direction experimental enquiries into the *science of medicine* are to be pursued, great damage must result, and grand medical discoveries are at an end. If *majorities* had ruled *medicine* in the days of Harvey or of Jenner, would the science of medicine have progressed to its present point in this our age? It is fortunate for the world at large that the great *medical combinations* (the British Medical Association and others, to wit) have had but a modern existence. Nay, had they existed fifty years back, we should still be forced to bleed, to blister, and to calomelize our patients. Medicine is not yet, and never will be, so perfect a science as to make it consistent with public safety that the *majority* of the medical profession should *dictate to the minority the method on which their patients are to be treated*.

At the opening of the Social Science Congress in the beginning of the past month, Lord Brougham recorded a deserved tribute of praise to the memory of the late *Sir Charles Hastings*; but unless the *British Medical Association* retraces its footsteps, rescinding its anti-legal and science-destructive resolutions, and according *freedom of thought and action* to its members, the world will have reason to rue that he ever lived to be the founder of a society, whose chief function will have been to *retard medical progress and to enslave the medical mind*. Better far would it have been for medical science, that the members of this society should have remained in the Ishmaelitish condition at one time characteristic of the medical profession, (when, as Jeafferson in his book about doctors says, each doctor's hand was against every [professional] man, and every [professional] man's hand against him), than that they should have banded themselves together to arrest medical progress.

Very amusing and suggestive is Jeafferson's description of the wholesale druggist, who, going down to a country town to solicit orders, invited, severally, all the doctors in the place to dine with him at his *inn*. Dr. A. comes in all smiles, but scarcely has he had time to remark on the weather, when Dr. B. comes in, on which Dr. A. fidgets and immediately recollects he has an important case and slinks off. In comes

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Dr. C., when no sooner does Dr. B. see him, than exclaiming against him as an arrant quack, he rushes off in a rage. In a few minutes after, Dr. D. enters, but seeing Dr. C. there, exclaims, "Oh, I've come into the wrong room," and slams the door to. Dr. E. then appears, but Dr. C. immediately turns to the chemist, and says "Sir, how could you ask me to meet such a bear," and follows the rest. The end is that the chemist has to eat his dinner alone, and has offended all the doctors, by attempting to bring them together. Well, Sir Charles Hastings has brought them together, what then, will their *joint action* forward medical science half as much as their individual jealousies did? We opine not. They will act in a more seemly way before their wholesale druggist and eat his dinner, but the five who sit down to dinner with him will join in abusing the sixth, *who wont order the chemist's drugs.*

The British Medical Association is essentially a *drug trades-union*. With all the worst features of *trades-unions*, it enthral the minds and intellects of its members and, in so much, tends to debase and degrade medicine. We shall despair of medicine while she wears fetters of her own forging, and all the while fancies her chains strings of pearls, and her handcuffs, bracelets of precious stones. Our claim for ourselves and for the whole profession is "Perfect freedom of thought, perfect liberty of action, for every fully educated physician or surgeon." *Sectarianism* and *orthodoxy* do not belong to *science*, and it is senile fatuity to engraft either term into a science like that of medicine, depending as it does for its foundation and superstructure upon scientific experimentation and observation, and not on *beliefs* and *revelations*.

We have been led to say this much by the necessity we feel to protest most strongly against the charge of *sectarianism*; while doing so, we welcome the *Medical Mirror* as a fellow-labourer in the field of *independent medical opinion*, and hope it may receive such support from the profession at large as shall prove that, in spite of the British Medical Association, *it dares to be free.*

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## REPORTS OF SOCIETIES.

### THE NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE ordinary Half-yearly Meeting of this Society was held at Harker's Hotel, York, on the 12th of last month.

Dr. Craig, of Scarboro', occupied the chair. There were also present Drs. Bradshaw (Nottingham), Drummond (Manchester), Dunn (Doncaster), Evans (Bradford), Hayle (Rochdale), Pyburn (Hull), Ryan (Sheffield), Rowan (Barnsley), Scott (Huddersfield), and Wilson (Hull). Messrs. Cox (Manchester), Fraser (Hull), and Pope (York).

Dr. Gutteridge, of Leicester, introduced by Dr. Bradshaw, was present as a visitor.

The minutes of the last meeting at Manchester having been read and approved, and the usual business transacted, the President, Dr. CRAIG, read the following address:

#### ON MEDICINE IN 1846 AND 1866.

An exaggerated estimate of the value of drugs seems always to have characterized the art of medicine as practised in the western world. Throughout the east, with its teeming population, its advanced civilization, and abundant toxic resources, drug therapeutics is comparatively unknown. The Greeks and Romans alone in the west seem to have recognised the power of the body to recover its health when placed under favourable natural conditions. Among the Greeks, hygiene was appreciated equally with therapeutics, and the preference of the Romans was decidedly for the former. The number and magnificence of their baths and calisthenic establishments, and the absence of all mention or appearance of the remains of institutions for the therapeutic treatment of disease amongst them, leave no doubt of their preference for the former over the latter. With the fall of the empire disappeared this faith in hygiene, at least so far as the west was concerned. The Asiatic conquerors of the Byzantine empire seem to have had the wisdom to recognise the virtues of those hygienic establishments. They kept the baths, and have been able to dispense with drugs till this day. In

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western Europe, on the other hand, the treatment of disease by drugs became almost the sole resource of the healing art. Throughout the middle ages of christendom the herbs and simples of the wise-woman shared the honour of curing disease with the wonder-working relics and abracadabra of the priests. By and bye astrology, alchemy and signatures contributed to the material resources of the healing art. If they added little to its effectiveness, they certainly served to puff up the vanity and conceit of a new section in the division of labour, called doctors or learned men, who professed to cure diseases by such means. The absurd composites of the *Materia Medica* began to read like a list of the contents of a witches cauldron,—which indeed in every respect they very much resembled. It must be observed, however, that with all their amazing complexity and absurdity these medicaments seldom contained any noxious element, or indeed anything having a positive action upon the living body at all. Nevertheless patients recovered, and thanks were returned to the doctor and his wondrous art. It never occurred to either that recovery might be due to the inherent tendencies of the constitution. Such in brief constituted the healing art till the rise of what is called rational medicine. About the beginning of the last century, theoretical speculations as to the cause of disease multiplied amazingly, and as doctors grew wiser in their own conceit, the vulgar revered their art more deeply. Unhappily the means and modes of curing disease employed by the rational school were by no means so harmless as those which had hitherto been in use. Violent bleedings, purgings, vomitings, &c., if not calculated to cure the disease, were certainly capable of killing the patient, and it is fearful to contemplate the hecatombs of victims sacrificed to the conceits and fashions of medicine under the rationalist regime. Still the cases which recovered were, in the blindness and arrogance of medical vanity, regarded as triumphs of the art; and death, when it occurred, was referred to the extraordinary virulence of diseases which could resist so active a treatment. This was the medicine which Hahnemann witnessed, and which he designated allopathy. Against it his enlightened and gene-



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rous nature rebelled, and it was in contrast to this that his mild and conservative system was exhibited. The results of the contrasted modes of treatment are so astoundingly in favour of homœopathy, that no physician who ever made the comparison, by fairly trying the latter in practice, has remained unconvinced of its superiority. Still it is useless to deny that beyond what may properly be referred to the positive virtues of the drug administered, much of the relative superiority of homœopathy over allopathy is due to its noninterference with the curative efforts of nature and abstinence from all destructive measures. Up to within the last twenty years the tenets and methods of allopathy universally prevailed in the teaching and practice of medicine throughout this kingdom. I am sorry to say that its theory and modes of treating disease still continue to prevail in private practice, though somewhat modified by a strong popular feeling against its more active measures; but in the medical schools, and in the great metropolitan hospitals, it has completely lost its hold. Any one who will observe, as I have done, the public practice of the men who are now most honoured in the profession, must be struck with the comparative absence of all meddling treatment by drugs or otherwise. This change is attributable to various causes. No doubt the great advances made of late years in minute anatomy, physiology and pathology, have tended to convince candid minds of the inappropriateness and inadequacy of most of the proceedings of orthodox medicine. But especially, the greatly superior results of homœopathic treatment have at length given confidence to some to say, what the wisest had often suspected, that the curative powers of their therapeutic agents were much overrated, and those of nature too little recognised.

In 1846 appeared Sir John Forbes' famous article in the "British and Foreign Medical Review," entitled *Homœopathy, Allopathy, and Young Physic*. Occupying as he did the foremost place in the medical world, his exposure in that article of the worthlessness and shamefulness of allopathic therapeutics, was as fatal to that system as it was complete. Doubtless allopathy continues to exercise its baneful effects through a generation of

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practitioners, who cannot and will not be untaught what they have learned and believed in from their youth; but among the rising generation of practitioners faith in old physic is gone. It is true that they have no other faith to fill its place, and they are therefore compelled in a measure, in private practice, to follow in the old ways or to adopt the most recent fashion of alcoholic stimulation, but they are ripe for the reception of our glorious therapeutic law. A movement has already begun among them to institute a system of drug proving, which if properly conducted, will be sure to lead to the issue which we desire. In the meantime they are doing a great work in determining the natural history of diseases undisturbed by art, and bringing good physiological sense to bear on the hygienic management of disease. All that they want is the therapeutic law of *similia*, to lay the foundation of a true science and art of medicine.

I will now briefly direct your attention to the changes which have taken place in homœopathy during these last twenty years. By homœopathy we understand two very distinct things, namely, the System of Medicine propounded by Hahnemann, and the Therapeutic Law which he was the first to enunciate. The system of Hahnemann professed to supply a new physiology, a new pathology, and a new therapeutic method, all in a manner complete and final. He held, that all disease arises from an abnormal impression made upon the vital force, which he regarded as an autocratic unity sustaining and directing all the operations of the living organism.

That such disturbed vital action cannot recover or remedy itself, without the assistance of therapeutic art.

That two similar disturbing influences cannot affect the vital force at one and the same time, the greater always overwhelming the less.

That drugs have a more absolute disturbing influence upon the vital force than the ordinary exciting causes of disease.

That diseases are only to be known and individualized by their symptoms, and that the homœopathic remedy is only to be chosen by the similarity of the symptoms to those which it produces on the healthy.

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That chronic diseases depend upon the morbid impression on the vital force made by one or other of three miasms, Psora, Syphilis and Syccosis.

That these are only to be cured by the exhibition of a peculiar class of drugs similarly related to the organism.

Lastly, that the essence rather than the material substance of a drug is the potential agent in affecting the vital force, and thus that the increment of medicinal power corresponds to the diminution or extension of the original matter, by trituration or dilution.

These theories and deductions formed a complete system, the practical rules of which were that diseases were only properly cured by an infinitesimally minute portion of a drug, selected on the principle that its pathogenetic effects on the healthy exactly corresponded with the symptoms in the patient. This was the homœopathy which was practised from the beginning of this century up till within the last twenty years. In criticizing it, it is important to distinguish what are mere theories and deductions and what are real induction. The only real induction is the great therapeutic law *similia similibus curantur*. It rests upon such a large foundation of observation and experiment that, whatever may be its *modus operandi*, the fact remains not only unshaken but strengthened by every day's experience. This is the specific truth designated by the term homœopathy. All other matters, with which in the Hahnemannian system it is associated, may be disproved and refuted; still if this remains homœopathy remains. It must be allowed that within these twenty years every item of the Hahnemannian system, with the exception of its therapeutic law, has been openly or else tacitly repudiated by a large section of physicians who yet claim to be regarded as homœopaths. As modern expectancy is still confounded with old allopathy, so the modern homœopath is still classified with those who accept the entire doctrine of Hahnemann, but the respective difference in each case is great and real. The seniors in each case may not consider the change for the better, but it is there, and I hold, it is the result of increased light and of a novel experience. The Hahnemannians

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know allopathy well, but they do not know the results of the practice of modern expectancy. Their estimate of the relative success of their treatment by globules of high dilutions may be satisfactory when contrasted with the gross allopathy which still prevails around them, but those who judge of the future of medicine by the results of the practice of the rising school of rational expectancy are compelled to assume a less exultant faith in the positive curative virtues of these potencies. It is the duty of such men to divest homœopathy of all its fictitious redundancies of theory and deduction, which have been hitherto associated with it, and to prepare to give to the medical world that splendid induction of Hahnemann in all its simplicity and power. They must strive to purify the *Materia Medica Pura*, by the light of modern science, and thus construct a true therapeutic art. When physicians have studied the natural history of diseases, and learned justly to estimate the recuperative efforts of the powers of life, when they have learned thereby to adapt hygienic measures on true principles, and lastly when they have accepted and adopted the guidance of the homœopathic law for the selection of drugs, the science of medicine will be on the high road to an honourable place among the inductive sciences, and the art of medicine will be the blessing that it is intended to be to suffering mankind.

Dr. DUNN, in opening the discussion, said that while not denying the great improvement that had in some directions been made in the art of physic, he could not at the same time agree with those who might think that there was anything in this change calculated to make us at all out of love with the method of practice we have conscientiously adopted. In looking at the *teachings* of the medical schools at the present time, we certainly see much alteration. But, he continued, I cannot see that this *teaching* has had much influence upon *practice*. I do not find any alteration to have taken place in the practice of those who studied with me, that is if their patients will allow them to follow their own bent. If we take *Watson's Practice of Physic* as the text book of the profession—and all of us know

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that it has long occupied, and still continues to occupy this position—if we take these two volumes as the standard, what I ask is the difference between the practice taught in them and that which ruled the profession fifty years ago? I have read the last edition of this work carefully for the purpose of finding out what of improvement there was in it. In all inflammations I find that the old measures, *bleeding, blistering, purging* and *vomiting* are invariably recommended. Again, take other and somewhat later works. Take Chambers' *Clinical Lectures*, and Inman's *Foundation for a New Theory and Practice of Medicine*. In the introductory chapters we find evidence of apparent changes of a most desirable character—but when these authors come to the practical part of their business, when they come face to face with disease, then the old weapons are used, the old armour is donned. There are I know, and rejoice to know, enlightened men who abhor the bleeding and blistering of the Watson school—but they discard drugs altogether. They have no knowledge of the action and uses of drugs. They trust to hygiene, and upon this source alone do they depend for remedies. The day is assuredly coming when a great revolution will take place in the art of medicine. We owe much to the leaders of the physiological school for our increased knowledge of pathology and hygiene—but when we come to practise, when we want to handle our drug-remedies, we have vast reason to be thankful for our knowledge of homœopathy.

Dr. CRAIG here interposed to explain that in referring to the altered state of therapeutics, his remarks were exclusively directed to changes that had occurred in the *teachings* of the principal medical schools, not to those which had obtained in general practice.

Dr. DUNN replied that Watson's *Practice of Medicine*, and the other works he had quoted from, emanated from and represented the teaching of medical schools.

Dr. WILSON argued that a change had come over allopathic practitioners even in general practice, and cited as an instance the difficulty of obtaining leeches in Hull, where they used to be imported by thousands and tens of thousands—now very few ever came into port.

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Dr. EVANS thought that a considerable difference existed between the preaching and the practising of different medical schools. That in some places an alteration had taken place from the methods of treatment we were taught is clear enough. A pupil of his, now settled in Hobart Town, had, when a student at Guy's Hospital, told him that drugs were seldom, almost never, used there in the treatment of disease.

Dr. HAYLE thought that the whole amount of the change that had taken place, was in the degree to which depletion was carried; this certainly was much less. But then, on the other hand, alcoholic stimulants were pushed to a most extravagant extent. The same tendency exists now to press alcohol against disease, as existed years ago to use the lancet. There is no *scientific* advance in therapeutics—unless, indeed, it be found in the physiological schools of Edinburgh and Germany. The study of drugs on the healthy body is certainly making a step in advance, and in its progress may be found much room for encouragement.

Dr. RYAN thought the existence of the expectant school was inimical to the progress of homœopathy—of scientific therapeutics—rather than in favour of it. The value of medicine is unknown to this school. It is given by them without any reference to the homœopathic or any other *law*. Could the members of the physiological or expectant school be induced to study the homœopathic law, and to give small doses in accordance with it, they would soon, very soon, come over to our side.

Mr. POPE coincided with previous speakers, in regarding the teaching and practising of certain schools as widely at variance. He quoted a case of acute pleuritic effusion from Dr. Gairdner's *Clinical Medicine*, as illustrating this observation,—there was to be found one of the apostles of expectant medicine giving in an acute effusion, diuretics, purgatives, mercurials—in their different forms—and blisters, &c., much in the same way as any general practitioner, in England or elsewhere, would have done forty or fifty years ago. And so it is found among the patients of allopathic practitioners all over the country. Drugs abjured in

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the lecture are given at the bedside. Why is this? The lecturer knows well how little he is acquainted with the true action and uses of the drugs generally employed, and therefore he tells his class to trust to hygiene. But when the members of it get into practice, they find that they must do *something* (by this *something* is invariably understood drugging in some form), and drugs are given in an old-fashioned style.

Ignorance of drug action is at the bottom of half, and more than half, of the scepticism of the physiological school. They have learned how *not* to cure disease. We invite them to study the physiological action of remedies, we invite them to consider the possibility, aye, the probability of the homœopathic law. We invite them to test this law in practice, that they may learn how disease can be cured. Our invitations may be scorned now, but they will ere long have to be accepted. We owe much to this school for their researches in hygienic medicine, but they owe us a debt they little wot of, for the investigations of Hahnemann and his disciples in the range of therapeutics.

Dr. CRAIG, in reply, spoke to the following effect: In the remarks just made upon the observations I have laid before you, I have regretted to note indications of an idea that I have evinced a desire to underrate homœopathy. Nothing could be further from my intention. I believe most thoroughly, most enthusiastically, in homœopathy. But as I have endeavoured to point out, the same term is used to signify two different things.

In *Hahnemannism* I do not believe. In *homœopathy* I do most thoroughly—and further I feel a sure confidence that the law of homœopathy will be the foundation of the largest school of medicine the world has ever seen.

It cannot however be denied, I think, that we are apt to overrate the importance of our drug-remedies, and underrate that of our hygienic ones. This is wrong. I find in our books and periodicals cases reported in which medicines and medicines only are the means stated to have been used in their treatment, as though they were the only measures prescribed to bring about a state of health; as though no special form of diet, no regulated

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rest or exercise, &c., had had an influence in the course of the illness. If we admit the power and necessity of hygienic measures, as, in practice, I am sure that we do, let us teach, not ignore its necessity in our writings.

With regard to *Young Physic*, I have great sympathy with its disciples. Not that I would in any way copy them, either in their use or non-use of drugs, but I would sympathise with them and cheerfully endeavour to lead them to a better state. They have discovered wherein medicine has been in error, they have found out the wrong path to therapeutic learning, and while they are searching after the right one I can at least sympathize with their gropings and mistakes.

Dr. Hayle's remarks on the present condition of medicine, showed the line of direction its study was taking. It must be remembered that *young physic* is yet very young, and has not had time to advance far. Both in London and Edinburgh practitioners very different to Dr. Watson are met with. Text-books cannot be regarded as a measure of the style of practice. There is a theoretical completeness about their description of disease, which necessitates a theoretical therapeutic completeness.

Dr. Hayle's remarks upon the abuse of alcohol are sad and true. But this abuse is the stumbling of men who have lost confidence in drugs. It is then I conceive our duty to help these men—to point them to the *law* of Hahnemann, separated from his system. As we are ourselves uncertain as to some points, so we should on such points speak and write generally not dogmatically. Medical literature shows that the profession is open to the reception of more and purer light, and it is our business it should be our highest aim to put homœopathy before them in a manner that will interest them.

The President then called on Dr. DUNN to read the paper he had promised, entitled—

## NOTES OF THE RECENT EPIDEMIC OF CHOLERA IN DONCASTER.

GENTLEMEN—The recent outbreak of Cholera in Doncaster must be my excuse for troubling you with a brief sketch of its rise and progress. I feel as it were out of place in following Dr.



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Craig and the discussion his able paper has produced : but as cholera is in our midst, and may at any moment call for the energies of either or all of you, I am confident that you will grant me a few minutes attention whilst I relate the mode of its attack, its terrible mortality, and its sudden cessation in Doncaster. I was not unprepared for its appearance, and had carefully studied all that had been written upon it, more particularly the reports of what our honourable colleague Dr. RUBINI had done in Naples. I had prepared RUBINI's *camphor* by the gallon, and was ready to deal it out to all comers. Whilst the disease was at a distance my townsmen slept in security, unconscious of approaching danger. On the 8th September a man was seized with Asiatic cholera and died after a few hours illness. This death sent a shock through the town, and every one was on the alert. As both believers in, and opponents of our system have an instinctive feeling that we have the greatest success, the druggists of the town were besieged for RUBINI's *camphor*, and thousands of bottles were sold in a day ; no fresh case however occurred until the 20th September, when four were attacked and all four died, after, on the average, eight hours illness. The alarm was very great, although the attack was mainly confined to a part of the town situated on the bank of the river, into which poured all the drainage and filth of the town. The drinking water was obtained from two sources, one a pump, into the well of which I strongly suspect the contents of a main drain percolate. Fœcalised water is thus added to fœcalised air ; two of the main provocatives of cholera when its epidemic influence is in the neighbourhood, and of fever, when its more virulent brother is absent (*on leave* I should say). A meeting of the principal inhabitants was called by the chief magistrate, and various plans were suggested for the relief of the sufferers, their families, and all living in the infected districts. As isolation of those attacked is very properly urged wherever practicable, I placed the use of St. James's hospital at the disposal of the authorities *unconditionally*, allowing my allopathic brethren to send their patients ; and lest the homœopathic treatment should be considered a barrier to acceptance of my proposal, I offered every medical man in the town the liberty to treat his

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cases in his own way ; but seeing the rapidity and virulence of the disease, I added that when a case presented itself, either myself or my assistant, Dr. Shuldhham, would lose no time in administering to a patient until taken charge of by his own medical man. My offer was freely accepted, and we had the satisfaction of seeing the rival treatments in operation side by side. I need not tell you, gentlemen, which of the two methods was the more successful. Under homœopathic treatment we had seven cases and four recoveries. This is certainly a very large death-rate, but under allopathic treatment I cannot learn that there was more than one recovery out of thirty-two cases attacked. If I should attempt to account for the three cases that baffled the homœopathic treatment as laid down to us by the founder of homœopathy, I may be taxed with attempting excuses for such failures. It however is only right that they should be remarked on. Two out of the three were confirmed drunkards, and the third, a child, had been previously ill for three weeks before being seized with cholera. The vitality in each of these three cases was so low that any acute disease less virulent than cholera would most probably have proved fatal. Of the four cases cured, one was a girl of 10, one a youth of 22, one a girl of 17, and one a woman of 54 years old, not noted either for her sobriety or morality. I shall be excused for stating here the allopathic method of treatment. This has certainly been uniform, and in my opinion utterly at variance with common sense, certainly at variance with the theories and practice of those who have recently written on the nature and treatment of cholera. Calomel, Opium, Brandy, and carminative mixtures internally, with applications of turpentine externally, constituted this treatment. It is one which seems to me entirely preventive of cure ; and I cannot believe but, had the thirty-two patients subjected to it been left to nature and their own tastes, that the results would have been better. The patients begged for cold water, and brandy was given them ; or the hot carminative mixtures, varied by calomel and opium pills. This treatment forcibly reminds me of what I witnessed in India forty years ago. When

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lying in a ship off Calcutta, we lost a third of our ship's crew, and then as now the treatment was brandy and laudanum, calomel and opium. Since that period every remedy from brandy to ice, and from calomel to olive oil, has been tried in a varying round of experiment and failure.

I will now give a short chronology of the cases. I have said that the first case occurred on the 8th September, and after this warning note cholera appeared to sleep until the 20th, when four were attacked; and all four died on the 21st. There were three deaths on the 22nd; two on the 23rd; three on the 24th; two on the 25th; six on the 26th; four on the 27th; one on the 28th; and one on the 29th. In addition to those who died in the town, four who left for different places in the hope of escaping the disease all died; one near Rotherham, two at Everton, and one had reached the station in Hull and died there. His sister, who had never been in the infected district, but who went from Lancashire to nurse her brother, also took the infection and died.

I will now return to the cases treated by myself and Dr. Shuldhham. On the 23rd of September I was called out of church and informed by the steward of the corporation that a cholera patient had been sent to the hospital. I immediately went and found three cases, two little girls of the respective ages of five and ten, and a man of forty-four, one of the inveterate drunkards; the medical man who brought him said that he had had the greatest difficulty in getting him to the hospital: he was in a state of collapse, blue, cold and pulseless. He died in eight hours. One of the girls, who had been ill three weeks before her attack, lived eighteen hours. The little girl aged ten recovered; and as her case presents some features of clinical interest, I think it worthy of more extended detail. The patient, Jane Harrison, is the daughter of parents who generally live in a van, and go from fair to fair to earn a living, but, on the outbreak of cholera, they were living in a small house in the infected district. When first seen the face had an anxious expression, the features sunken, and a peculiar deep blue line was noticed below the eyes; lips blue; face, tongue and breath

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icy cold. The hands damp and cold, with the shrivelled look of a washerwoman's; no pulse; together with these well marked symptoms there was occasional vomiting and a little purging; she screamed from the crampy pains in the abdomen, her great cry being for cold water, which I gave her iced in teaspoonful doses at frequent intervals. The medicinal treatment was begun by *camphor*, which after the second dose was rejected, and on my attempting to enforce it, she clenched her teeth and screamed or moaned so much that it became useless to contend with her, or thrust it into her mouth. I therefore began to give those remedies that have never failed me in similar cases, viz., *veratrum album*, and *arsenic*. These medicines were given every ten minutes in iced water; very soon a slight improvement was perceptible—the face was less dark, the expression less distressing, the pulse could be felt weak and flickering, it is true but *felt*, and the sickness ceased. I cannot too strongly urge upon your attention the value of little bits of ice. To give the large quantities of cold water the patients crave for is to induce sickness, but iced water in small quantities, or still better bits of ice, are most grateful. They act in complete accordance with our law of healing. She passed a restless night, and *arsenicum* was substituted for *veratrum*, her prostration being fearful. She passed another restless night, but on Tuesday reaction began, the cheeks became flushed and the fever intense. *Aconite* was now given, at first every hour, then every two hours. This stage of the case gave me great anxiety, and but for the mild action of *aconite* the girl could not have recovered; purging which had never entirely ceased set in, but the stools were coloured, and the micturition restored. On Wednesday morning *chamomilla* was given without any good result. *China* seemed indicated by her weak state, but the purging went on in spite of it, and then I gave *cina* with the most marked benefit. I was led to the choice of this remedy by the symptoms of gastric irritation, picking of the nose, grinding the teeth, &c. From this time she rapidly recovered; and on Sunday, just one week after admission, she was able to sit up and take food; at first, farinaceous, and in very small quantities, and then a little.

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partridge, hare, and other easily digested meats. She left the hospital on Tuesday, ten days after admission, looking strong, healthy and cheerful. The most noticeable features of this case are that RUBINI's *camphor* is not so universally potent, as has been supposed. That children refuse to take it, splutter it out until it becomes cruelty to enforce it. It does not (so far as my experience serves me) control cholera excepting in the first stage. Another point to be noticed is the great value of ice, given not only internally, but held to the spine, when vomiting predominates. The action of *arsenicum* was also well marked in the great prostration; and *aconite* in controlling the consecutive reaction and fever.

On Monday, a woman of very irregular habits, and in a state of collapse, was brought, and though fifty-seven years of age, she gradually recovered; here again I tried RUBINI's *camphor*, but made no progress until I gave *veratrum* and iced water. The cases we saw in the first stage, one of whom seemed struck down as it were by a bullet, recovered by the use of *camphor* alone; and could it be used in all cases the moment a seizure is felt, I feel confident in its power to arrest the further progress of the disease. Whilst not doubting that the cases treated in Naples were cases of cholera, I venture to think that they were cases in the first stage only, or that the type was less virulent than that met with here.

On Tuesday morning a man, aged 47, was admitted in the second stage, that of collapse, he was brought to the hospital in a cab. Here permit me to digress for a moment, to enter my protest against the employment of this mode of conveyance for cholera patients. I do so for the sake of the sick as well as for that of the healthy. For the latter on account of the possibility of infection; for the former, from the difficulty of getting them in and out, but more particularly from the necessity of keeping the sufferer in the upright position; a covered stretcher such as those used on the field of battle, should be kept for use in a public place, or in the large towns, one or even two in each district. This is a matter of the first importance, and will I am sure be urged by each of you in case of necessity. To

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resume, this last patient of mine was a great drunkard, he had been living in the infected district, and had with his family been removed to the racecourse; he was drunk on Friday, Saturday, Sunday and Monday, and would probably have been drunk on Tuesday, had he not been suddenly seized with cholera early in the morning. Unfortunately, he had a large dose of brandy given him—such being the orthodox treatment of every case—this rapidly sent him into collapse, and when brought to the hospital his sufferings were fearful: his hands and toes were frightfully cramped, he was icy cold and blue, the vomiting and purging were incessant, and he was unable to speak from oppression of the chest. After two doses of *camphor*, which in no way mitigated the symptoms, I gave him *cuprum* every five minutes, iced water in small quantities, and, as the vomitings were constant, I held a piece of ice to the spine; these means soon mitigated his sufferings, the vomitings were less frequent, the cramps ceased entirely, the pulse was restored, as well as the natural colour, and his tongue became warm. He could, moreover, converse without difficulty, and I had every confidence in his restoration. In about twelve hours, however, he seemed suddenly seized with a spasm in the larynx, and died almost instantaneously.

What I have been able to note during this terrible visitation, and the practical hints I have derived from it that may serve me in any future epidemic, will doubtless have occurred to all of you during the reading of this short paper. Medical men need not be taken by surprise; cholera has invariably given notice of its approach; it comes to us with a loud flourish of trumpets, the old armour is polished afresh, and some of the army of medical veterans rush into print and tell us what new arms, needle-guns and breech loaders they have invented to slay the enemy. Their confidence is quite cheering—that is, as it appears on paper! But alas! the enemy comes, and is not frightened by all the Chinese din of gongs, &c. &c., with which it is assailed; but begins to slay right and left, and these new weapons are found marvellously like the old ones—perfectly powerless: I would add, miserably powerless, and in most cases

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highly injurious. But thanks be to God for having given us a man of such rare abilities, such calm reasoning powers, and such lofty aims as Samuel Hahnemann! He, from studying cholera in its worst form in 1830-1, and then selecting the remedies which have ever proved those most valuable, has left us a chart and compass which if we study carefully will not fail us in the hour of trial and storm.

As adjuncts to our remedies, let me again impress upon you the importance of the recumbent posture, wherever removal is desirable; the use of ice, and those remedies which the symptoms presented by individual cases indicate to you according to the law of *similia*; and then if not uniformly successful, you will have the proud satisfaction of doing every thing that art is capable of doing, and distancing the rival system of *contraria*.

One more point of interest and I have done; fear seizes the great bulk of the people when cholera approaches, and here the distribution of small bottles of RUBINI's *camphor* is of the highest service; it should be given to every head of a family with short instructions for its use.

An interesting conversation rather than discussion followed the reading of Dr. Dunn's paper, in which Dr. RYAN called attention to the nature of the action of *camphor* in cholera; and to the form of those diseases to which it was homœopathic. Dr. DUNN related a case, in which a lady after having accidentally swallowed a piece of *camphor*, was seized with symptoms presenting all the features of a sudden attack of cholera. This case struck him very forcibly at the time as one showing the sphere in which *camphor* would prove remedial in a cholera epidemic.

Dr. PYBURN related an interesting case in which the cramps, vomiting, purging, and cadaveric look of cholera patients were present in a captain of a merchant ship who the day previous to his seizure had returned from a port where cholera was prevalent. RUBINI's *camphor* given at first in twenty drop doses and then in ten at short intervals, appeared to check at once the progress of the disease. In a few hours all danger had passed and the man made a complete recovery.

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After a few remarks from Dr. DUNN the Association proceeded to select a place for the next meeting, when Doncaster was unanimously chosen. Dr. HAYLE was elected the President, and Mr. FRASER the Vice-President for the next occasion, Dr. DUNN being the local Secretary. On the motion of Mr. POPE, seconded by Dr. PYBURN, a cordial vote of thanks to Dr. Craig and Dr. Dunn was passed by acclamation.

The members dined together in the evening.

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## THE MEDICAL SCHOOLS.

THE Addresses delivered this year at the opening of the Metropolitan hospitals contain little save the usual exhortations to work hard, read regularly, and attend the hospital wards diligently. Except at the hands of Mr. SAVORY, at *St. Bartholomew*, and of Mr. BARWELL, at *Charing Cross*, homœopathy does not come in for the share of ridicule and abuse generally allotted to it on these occasions. We are glad to note this fact as a sign of, at any rate, improved taste and feeling on the part of allopathic teachers.

Mr. SAVORY dwells in the earlier portion of his address upon the nature of evidence. Evidence, he says, is of two kinds—*direct* and *probable*; and argued that it is on probable evidence that medicine as a science chiefly if not entirely rests. After observing that the value of probable evidence depends greatly upon the credibility of the testimony on which it is advanced, he proceeds as follows:—

“ Thus, when strange statements are submitted to us, and we have no means of investigating the question for ourselves, we balance in our minds what we conclude is the improbability of the alleged fact on the one hand, against the character and authority by which it is supported on the other. Now this of course involves and largely concerns our own capacity for judging of the nature of the event. Cullen observes: ‘ Neither the acutest genius nor the soundest judgment will avail in judging of a particular science in regard to which they have not been exercised.’ Thus it is with homœopathy, because, as it was once happily said in reply to the assertion that every man had a right to an opinion, the right to express an opinion does not of neces-



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sity imply that the capacity exists to form one. All men, it has been remarked, are as the vulgar in what they do not understand. . . . When we are told of something new and strange, we try it by other and previously ascertained and well-established facts; and whatever may be its fate with us if it be not opposed to these, we cannot accept it if it cannot be reconciled to them. . . . Thus, too, in this way we can best answer those who are apt to get very angry with us if we do not listen to the wonders to which they testify—to tales of spirits which rap, or of tables which turn, or of globules which cure, for instance. We do not merely say that their gross improbability far outweighs the testimony which is offered in their favour, but that they are impossible because they are opposed to incontrovertible facts."

This is the mode Mr. Savory adopts for expressing an opinion on a subject of which he is confessedly ignorant. To apply to himself his own language, he affects to doubt what he will not be at the pains to investigate! The capacity for forming an opinion on the subject of homœopathy doesn't exist in Mr. Savory. He may be, and we believe is, an excellent surgeon; but in the matter of homœopathy he is on his own showing only "as one of the vulgar."

We should like to be favoured with some of the "incontrovertible facts" which render homœopathy utterly improbable. Every great scientific advance has, in the minds of men not familiar with it, been opposed to "incontrovertible facts!" The circulation of the blood, vaccination, railway travelling, the electric telegraph, have all in their turn been supposed to be opposed to "incontrovertible facts."

But if the claims of homœopathy to investigation are to rest on probable evidence, what more probable evidence of its truth could be had than the fact, that there are in different parts of the civilised world many thousands of educated medical men practising homœopathy—men who have adopted homœopathy as their therapeutic guide only after anxious study and searching examination; that there are hundreds of thousands of sick people treated homœopathically; that there are insurance companies offering to accept the risk of lives of persons at a reduced premium, provided they will guarantee to be treated homœopathically when ill.

If the claims of homœopathy to investigation are to be gauged

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by the probability of its truth, no method of treatment that was ever advanced has had stronger claims.

Mr. Savory goes on to speak of the uncertainty of the nature of disease, and the still greater uncertainty of the actions of remedies ; but thinks it extremely unreasonable that any complaint should be made of the uncertainty of the action of the means employed for relief or cure. Possibly he does. But patients don't, and hence leave allopathy, where there is *no* certainty, for homœopathy, where there is at any rate a great deal.

Mr. BARWELL, at Charing Cross Hospital, enlarges, like Mr. Savory and several other lecturers, on the uncertain character of medical science. This curiously enough seems to be a source of charm to him and others. They like medicine especially because it is uncertain. It wouldn't be half so pleasant a study or a practice if it were a complete art based upon an exact science. We have heard of the "glorious uncertainty of the turf," but we never expected to find uncertainty in medicine heralded as something glorious also !

Mr. Barwell indulges in a fling at homœopathy which is as coarse and untrue as Mr. Barwell was sure to make it. He says :—

"The public, knowing nothing of our most abstruse and difficult science, yet constantly coming across the art, has little power of discrimination, and is easily lead away by the marvellous and the occult. A host of people are quite ready to take advantage of this feeling, who are not, I am sorry to say, extra-professional ; indeed, they form a long linked-chain, from the homœopathic and bill-distributing quack upward. Hence the many anatomical museums (so-called), mesmeric, homœopathic, and sundry singular and startling special hospitals."

Mr. Barwell, if he knows anything about homœopathy, knows perfectly well that there is not the slightest similitude in the world between homœopathic practitioners and the people with whom it suits his purpose to endeavour to associate them in the minds of his audience. Between his party and these persons there is, however, something in common, and it is this, viz., that the quack medicines he alludes to, when naming the bill-distributors and so-called anatomical museums, are identical in many respects with those employed by allopathic practitioners ;

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and that the therapeutic principles—when there are any—on which their administration is based are not homœopathic, but essentially allopathic and antipathic.

One piece of Mr. Barwell's advice is very encouraging. "Let us all," he says, "set ourselves resolutely against falsehood and pretence, remembering always, that a lie is the more dangerous the nearer its approach to truth." Judged by this standard, Mr. Barwell's statements regarding homœopathy contain nothing to cause the least anxiety, for they are uniformly so far removed from truth as to have had their sting most effectually withdrawn.

We would gladly have directed our readers' attention to Sir William Fergusson's address. A hearty love of his profession pervades the whole of it; and surely, if it is in the power of man to induce pupils to work, and inspire them with zeal for surgery, the eminent professor of King's College has that power.

## COALS OF FIRE.

SOME years back the want of hospital accommodation in the small but increasing town of Doncaster became very obvious. Large railway works were established there; complicated and accident-producing machinery, on an extensive scale, was set in motion. The workmen employed added many hundreds to the population. This necessity our energetic colleague Dr. Dunn endeavoured to press on the attention of his medical brethren around him. They saw no such necessity. Fully conscious of the need, Dr. Dunn determined to supply the remedy; and, ere many months had gone, ST. JAMES' HOSPITAL was opened with all due ceremony. It was opened, as stated at the time, for the reception of all cases of accident or of infectious disorders, at any hour, and without any charge. It was a Public Institution built, supported and directed by one man! From that day to this, it has fulfilled its mission. Not one jot has the Founder abated from his announced intentions. A militia regiment came to Doncaster and brought small-pox with them on one occasion: the men were received into St. James' Hospital, the medical treatment being, we believe, conducted by the surgeon of the regiment. Large numbers of the poor in the neighbourhood have resorted to the hospital as out-patients, and are living testimonies to the value of homœopathy. Numerous accidents from the railway works, the racecourse and the villages around have been received; many capital operations have been per-

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formed ; and we believe that, with one exception, every surgical case admitted has been discharged cured.

That a hospital was needed has been abundantly proved. That St. James' Hospital is large enough for the requirements of the district has been shewn by the fact that no application for admission, however suddenly or unexpectedly made, has been made in vain. But Dr. Dunn, with all his energy, all his generosity, all his surgical ability, had one fault, and that a grievous one—he *believed in homœopathy, and practised what he believed in!* That a homœopath, however highly qualified socially and professionally, should have sole control of the only hospital in the town he lived in, was intolerable to the medical men around him. Years after St. James' Hospital had been in active operation, a cry was raised that an infirmary was an absolute necessity. When no hospital accommodation existed, the allopathic worthies of Doncaster denied the necessity of any ; when every want that a hospital could supply was provided for, they said that one was urgently required. A nest-egg, in the shape of funds, was supplied by a legacy of £500, left by an old gentleman. This having been secured, the Church, the Race-course, the Ball-room, the Theatre—each in its turn were used to increase the funds. Dr. Dunn was appealed to, to sell his hospital. "Give me a share of the room for patients wishing to be under my care," was his reply, "and you shall have it." No ! not a patient would a Doncaster surgeon treat in the same hospital with a homœopath. To such an extent was this feeling carried, that on one occasion, while Dr. Dunn was visiting his patients in the neighbourhood, a severe injury attended with frightful hæmorrhage was admitted. The assistant, not feeling himself equal to the occasion, sent for a surgeon. He came to the door, but declined to enter. "Bring him out to me, and I'll attend to him ; but that place I'll never enter," was his reply to the entreaty of one of the railway officials. "He is dying from loss of blood, and any further motion may be fatal," was the retort. But this living witness to the kind of humanity taught by medico-ethical societies didn't care for that—and left the man to his fate. The character of the emergency pricked up the courage of the assistant, and by the means he used all danger of an immediately fatal issue was averted.

It was simply to inflict a blow and a discouragement upon homœopathy, not for the benefit of the poor, that the allopathic surgeons of Doncaster sought means to erect an infirmary, from which the method they hated and knew nothing of should be excluded. Philanthropy was the cloak wherewith they endeavoured to conceal their malice. To further their ends, no means have been left untried. In one place, whence of all others nought

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save truth should be allowed to issue, from the lips of one who, it might have been supposed, would have scouted the very idea of uttering falsehood, even in the service of a cause nearer than any other to his heart, the people have been appealed to (aye, and within this last month—since St. James' Hospital has been filled with cholera patients) to subscribe to this allopathic infirmary with more than their wonted liberality, "because no *" institution existed in the town into which an accident or case of " dangerous illness among the poor could be received."*

By these various methods a sufficiency of money has been collected to ensure the erection of an infirmary; and we believe that it is in course of building.

But before it is ready, cholera in its severest form appears in one portion of the town. Dr. Dunn is appealed to for the use of his hospital! Would any patient admitted therein be allowed the choice of a medical attendant? was the substance of the question put to its Founder. He might have reflected: These men, who now sue for the accommodation I have provided, opposed my scheme in its infancy; they have steadily endeavoured to hinder its usefulness; they have insulted me times without number; they have, in truth, in order to obtain means to check the success of this hospital, denied its very existence; and now, forsooth, they want to bring their patients in and treat them—or rather mal-treat them—there. Many, on such a review of the past, would have answered, "*No!*" all patients entering St. James' Hospital must be treated by me." And we believe, that had this been Dr. Dunn's decision, it would have been better for many who did enter it in a choleraic state. But no; he nobly refused to remember the past—to return evil for evil—and instantly placed at the disposal of the medical men and their patients all the accommodation at his command. With what result, his very interesting paper, published in our present number, fully exhibits.

To overrate this striking and practical illustration of true christian charity is impossible. A more noble instance of generosity towards one's bitterest opponents it would indeed be difficult to find.

We are glad to learn that the Doncaster Board of Guardians have shown their appreciation of Dr. Dunn's services to their poor, during the epidemic of cholera, by presenting him with an *honorarium* of £5.

## A FAIR START.

At a meeting of the Committee of the Council of the British Medical Association, held at Birmingham on the 4th of October, the two following resolutions were arrived at:—

## OBITUARY.

"That the subject of the next Hastings Medal be for original research on some therapeutical agent.

"That a sum of £25 be granted from the funds of the Association to a Committee to be appointed by and under the direction of Professor Hughes Bennett, M.D., to investigate the action of mercury upon animals."

## OBITUARY.

## DR. ESCALLIER.

(Translated from an article in the *Bulletin de la Société Médicale Homœopathique de France*, by Dr. DETERNE.)

DEATH has again reached one of us: our excellent colleague, my best friend, Dr. Escallier, died on the 14th of August last at Chateauroux, after another violent attack of the terrible malady which for many years had compelled him to exile himself and to winter in Nice. Escallier died in his 45th year, on the eve of enjoying the fruits of his many labours.

Senior "interne" (clinical clerk) and laureate (prize-man) of the medical hospitals of Paris, laureate of the Practical School (1st prize), senior physician to the Bureau de Bienfaisance, and secretary to the Medical Society of the Seventh Arrondissement, honorary physician to the first Society of "Secour Mutuels" which has adopted homœopathy, our much-loved colleague added to his other titles one of the greatest distinctions reserved by Government for deeds of merit. The late Republic decreed to him a medal of honour for the zeal and devotion he showed to the wounded of June 1848.

The works of Escallier are for the most part of an essentially practical character.

The *Journal de la Société Gallicane*, *L'Art Medical*, and this *Bulletin* itself have considered him among the most active and enlightened of their writers.

Endowed with excellent judgment, and a steady perseverance in his studies, the style of his writings is always remarkably clear and natural. One would also say they are also full of that perfume of modest simplicity which Boerhaave said was the seal of truth: *simplex sigillum veri*.

Converted fifteen years past to the reform of Hahnemann, through the persuasions of our learned *confrère* Dr. Bordet, he devoted all his energies to the cultivation of its principles and to the diffusion of its truths. More fitted than most, by the exquisite sensibility of his noble heart, he perceived that the work of the reformer is not only a protest against empiricism and its dangers, a sort of appeal against its abuses, but also, to quote a beautiful expression of Tessier's, it is the *model of*

## TO CORRESPONDENTS, ETC.

*medical charity*, by the wisdom of its experimental character, which is its spirit, its soul, and its glory.

My friendship for Dr. Escallier dates from eighteen years back, in the course of our house surgeoncy. Attracted the one to the other by a certain conformity of taste, of principles and sentiments, there has never been the slightest cloud to obscure our intimacy. One felt at once taken by the affectionate sociability which distinguished him among us. Naturally benevolent, without hauteur, without prejudice, firm in his convictions, respecting the opinions of others without renouncing his own, he never once doubted the future of the cause that he espoused, knowing well that all truth is in its essence divine, and therefore invincible.

The excellence of his attainments called him to one of those brilliant positions, to one of those official stages where a crowd of competitors thronged him; he was excluded from merited honours by the injustice of his adversaries; but for this he consoled himself in the sweet intercourse and the charm of family affections among his young children. He suffered less for himself than for the misfortunes which overtook his friends, excluded equally from all public appointments, hated, misrepresented and persecuted; human nature never appeared to him so degraded as when ignorance and routine held the place of power.

## NOTICES TO CORRESPONDENTS.

"A DEBTOR TO HOMŒOPATHY."—Two replies to this correspondent's letter have been posted, as directed, and have been returned through the Dead Letter Office.

Mr. A. DE NOË WALKER's paper on "Cholera" shall appear next month.

Notices of several periodicals received are unavoidably postponed.

Communications have been received from Dr. Gutteridge, Leicester; Dr. Fleury, Manchester; Dr. Craig, Scarborough; Signor C. M. Somolinos, Madrid; E. T. Blake, Esq., Wolverhampton; Dr. Morgan, Bath; Dr. Strong, Ross.

## BOOKS AND PERIODICALS RECEIVED.

*Homœopathic Statistics of Cholera Cases treated by Camphor alone, in 1854-55.* By Dr. ROCCO RUBINI. Translated from the Italian by ROBERT BAIKIE, M.D. Edin., late of the Madras Army. Edinburgh: J. C. Pottage, 1866.

*The Medical Mirror*, October 1866.

*American Homœopathic Observer*, October 1866.

*Allgemeine Homœopathische Zeitung.*

*Neue Zeitschrift für Homœopathische Klinik.*

*Bulletin de la Société Médicale Homœopathique de France.*

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### HOMŒOPATHY AND INFINITESIMALS.

HOMŒOPATHY does not consist in giving medicines in infinitesimal doses. So testify all who practise homœopathically. The majority of those who do not so practise, who know nothing about homœopathy, never tire of asserting the reverse. By such persons our system is usually described and demolished after the following fashion:—"Some homœopathic physicians," say they, "prescribe medicines in the form of globules: therefore homœopathy is comprised in dosing the sick with globules. Now globules are inert and absurd: therefore homœopathy is inert and absurd, and an imposture into the bargain. Q. E. D." Briefly as we may, then, will we on this occasion endeavour to point out the connexion between homœopathy and infinitesimal doses.

Homœopathy carries its true interpretation in its etymology. No such thing as globulism, or the giving of medicine in the form of globules, can by the most forced reasoning be inferred from the word homœopathy. Globules were unknown to pharmacy, as vehicles for medicine, until homœopathy had been publicly taught and practised for years. Hahnemann's earliest cases—those which assured him of the truth of homœopathy—were treated, not with globules, not with infinitesimals, but with small doses of crude drugs.



## HOMŒOPATHY AND INFINITESIMALS.

In the history of homœopathy we find the infinitesimal dose the latest of its developments.

Homœopathy consists in prescribing, for morbid states idiopathically arising, drugs capable of producing in the healthy body similar morbid states.

To carry this method into practice, it is necessary *first* that the nature of the derangements drugs will excite in health should be studied.

A knowledge of the physiological actions of drugs is, as we have shown in a recent number of our *Review*, the admitted want of all scientific physicians who are ignorant of homœopathy.

*Secondly*: If we are to give in disease medicines capable of producing *similar* diseases; of acting upon—directly acting upon—organs and tissues, rendered especially susceptible of the influences of such external agencies, it follows, most logically, that the quantity so used must be less than that capable of giving rise to such a state. The relation subsisting between the disease and its medicinal remedy regulates the dose to be prescribed. Where this is so close as that the latter can give rise to a condition similar to that presented by the former, the dose must, as we have said, be small;—small, that is, compared with the quantity requisite to excite disease.

On the other hand, where it is desired to increase healthy action—of the bowels, for example—in order, as allopathic practitioners sometimes do, to relieve a congested brain, the dose must of equal necessity be large. Here the object is to excite a morbid state not previously existing—purging or diarrhœa; and for that purpose a dose must be given which will excite such a condition. It would be unquestionably absurd to administer an infinitesimal dose of *colocynth* to promote an excess of action in a healthy intestine; but it would be no less absurd to prescribe several grains of the extract of this plant to

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remove a dysenteric diarrhœa like that such a dose would create in a healthy person. When, however, *colocynth* is ordered homœopathically—when, in short, it is a homœopathic remedy—it is given in dysenteric diarrhœa, and therefore it is that it is given in infinitesimal quantities.

Professor Jörg of Leipsic—no homœopathist—who made and published some experiments on the physiological action of remedies, saw the necessity for using only small doses, *when the homœopathic law was held to indicate the remedy*. He says:—

“Medicines operate most powerfully upon the sick, when the symptoms correspond with those of the disease. A very small quantity of medicinal *arnica* will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have in very small doses given rise to pains and loose stools, when administered in inflammatory states of the intestines. . . . Yet why,” he exclaims, “should I occupy time by adducing examples of a similar operation of medicines, since it is the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing.”\*

A medicine standing in a homœopathic relation with a disease is a totally different instrument to the same medicine prescribed from an allopathic point of view. It must therefore be handled in a totally different manner. It is simply a piece of false reasoning to argue that because it is found necessary to employ half ounce or ounce doses of Epsom salts to produce what is termed a “satisfactory action” of the bowels, *therefore* an infinitesimal dose—say, of *phosphorus*—is utterly powerless when given in pneumonia. The two facts are so entirely distinct, that

\* *Contributions to a Future Materia Medica, from Experiments with Medicines on Persons in Health*. Obtained and collected by Dr. JOHN C. G. JÖRG. Leipsic, 1825. P. 16.

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no inference can be drawn from either as to the truth of the one or the other.

The action of an infinitesimal dose of any medicine is therefore *conditional* only. The condition being a special susceptibility to be influenced by it existing in the person who takes it.

What is there, we would ask, *absurd* in such a proposition as this? Is not the power of infinitesimal, of imponderable agents under such a condition universally admitted? Dr. Watson, writing of *quinine*, says: "Dr. Barker of Dublin has found small doses equally effective with large ones; and this is very likely to be the case *with all specific medicines.*" (*Princ. and Pract. of Physic*, Vol. I. p. 765, third ed.)

Dr. Salter, of the Westminster Hospital, in the course of an interesting paper on "The Immediate Excitants of the Asthmatic Paroxysm," published in the *Lancet* of the 6th of September, writes thus:—"Perhaps the most curious, I might almost say incredible, incidents to be found in my notes relate to the production of asthma by certain animal or vegetable emanations, especially animal." Dr. Salter then goes on to the detail of several cases illustrating this fact. In one the presence of horses invariably brought on an attack; in another the paroxysm was always excited by a dog or a cat being in the same house with the especially susceptible sufferer. In another instance rabbits had the same effect; in another a visit to the Zoological Gardens was equally provocative of an attack.

"Three of my patients," writes Dr. Salter, "belonged to a family in which this peculiarity existed for three generations, and was evidently hereditary. The grandfather was affected by cats, and could always find out by his breathing if there was one in the room. A grandson, who was also asthmatic, always had an attack brought on by the smell of guinea pigs. A nephew

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could never go near horses without being rendered asthmatic, nor could he be in a room where those were who had been riding. He was a country gentleman, and frequently anxious to attend agricultural meetings, but he was unable to do so from this circumstance. Another nephew told me a curious thing of himself, which, if correct, is perhaps more curious than any of the other facts. On two occasions, when staying at a friend's house in the country, he was attacked with asthma, and found in both instances that there were deer feeding at the time immediately beneath his window; on a third visit, when the deer had been removed to a distance from the house, he was quite free from any asthmatic symptoms."

In all these cases a special susceptibility to be influenced by such emanations must have been present. The nature of this susceptibility is unknown; but the fact of its existence is none the less certain, none the less credited. It is very grateful to our feelings, believing as we do in the conditional influence of infinitesimal particles of matter, to quote such illustrations of the truth of our faith from a journal which so perseveringly ridicules it as does the *Lancet*!

In chemistry the power of infinitesimal particles of matter to work mighty changes is universally recognised. Less than the millionth portion of potassium mixed with mercury will reverse its relation to electricity. (Sir John Herschel.) In the preparation of steel for ordinary casting, Mr. Longmaid employs at the rate of a quarter of an ounce of gold or platinum, or the two together, to the *ton* of cast iron. Pages of similar instances of the power of infinitesimals might be quoted from the records of physical science. Is there, then, anything *absurd* in believing that similar quantities should, under certain circumstances, influence the mysterious processes continually going on in the vital organism? Certainly not.

We are told that the possibility of infinitesimal doses

## HOMŒOPATHY AND INFINITESIMALS,

having any action is opposed by incontrovertible facts. The facts adduced in support of this proposition may, we submit, be as incontrovertible as our opponents would desire, and yet have no bearing upon the point at issue. Opium to *produce sleep* must be given by the grain. That as a rule is an incontrovertible fact. But the homœopathist uses *opium* to remove that state of passive cerebral congestion which exhibits itself in drowsiness and heaviness, and, in proportion to its degree of intensity, in sleep. It is equally incontrovertible that, *given by the grain* in such a state, *opium* would *aggravate* existing mischief. Experience has proved that, given in the fraction of a grain, it is curative of this condition. That grains of opium are required in the one case, in no way proves that a small particle of a grain is inadequate in the other.

Homœopathists do not maintain that infinitesimals affect the system under all circumstances.

Exceptional cases we know there are, where infinitesimals do alter the health; but they are only exceptional.

Homœopathists believe in the power of these doses under a certain well-defined condition. Our allopathic brethren believe in the power of such quantities of matter under certain conditions likewise. Such conditions they term *idiosyncrasies*. True; and equally true is it that the state of health—or of ill-health, rather—which is similar to that a drug will give rise to, establishes in that person an *idiosyncrasy* to be affected by that drug. The reviewer of the *Medical Mirror* wrote in the September number:—"We believe that a certain dose of a drug will act in a certain manner." Of course. But to make the proposition complete, it ought to read:—"We believe that a certain dose of a drug will act in a certain manner *under certain conditions*."

If, before commenting upon the dose, our critics would reflect upon the condition upon which, and *upon which*

## ON ALBUMINURIA.

*only*, we believe that so small, to the senses so inappreciable a particle of matter becomes capable of affecting changes in pathological processes, we feel assured that they would cease to regard such doses as absurd, and would esteem them what they really are, RATIONAL and SUFFICIENT.

Into the question of how far the size of a dose of medicine may be reduced, and yet be adequate as a curative agent, when prescribed homœopathically, we do not intend to enter; suffice to say, that abundant evidence is at hand to show that this reduction may be carried to a far greater extent, in many cases, than anything short of a large and varied experience would lead us to suppose.

Further, there is, we believe, *no one dose* suitable for all cases. The dose will vary with the nature and circumstances of individual cases. One rule alone obtains in all, viz., that *relatively to the pathogenetic dose, the curative dose of the HOMŒOPATHICALLY-SELECTED medicine is small.*

## ON ALBUMINURIA.

By Dr. MEYHOFFER, of Nice.

(Continued from page 658.)

*Albuminuria resulting from poisons.*—In the effects of poison on the animal organism, we have to distinguish the immediately local from the more general and dynamic ones. The first depend on the quantity, concentration and form of the nocent substance, as well as on its manner of application. The general or constitutional effects result from the absorption of the poison, its introduction into the blood, and its influence on nutrition in the different organs. Both local and constitutional alterations of nutrition often exist simultaneously. The dynamic action of poisons has naturally, from our point of view,

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more value than their more immediate chemical and destructive properties, as the first alone enables us to become better acquainted with their elective physiological affinities, and to discriminate the primary action of the poison on any organ, from a secondary or reflex action, or one due to more profound disorders of nutrition.

*Arsenic.*—This mineral has a very decided action on the kidneys, as is proved by acute as well as chronic poisoning, and the physiological provings by Hahnemann and his followers. The acute poisoning effects are: suppression of renal excretion, or scanty, dark-coloured urine, often mixed with blood and albumen; pain in the kidneys; if death does not occur after a few days, nephritis and anasarca frequently ensue. The kidneys are found after death highly congested and inflamed;\* the cause of the latter must be attributed to paralysis of the ganglionic system, and great alteration in general nutrition.

Chronic poisoning exhibits, besides a general perversion of nutrition, an elective action on the kidneys; there we observe not only all the signs of nephritis parenchymatosa during life—as albuminous urine, hyaline cylindrical casts, œdema of the face and lower extremities, impoverishment of the blood—but also after death the granular kidney (Quaglio, Falck).

According to Saikowsky's experiments (Virchow's *Archiv* XXXIV, Bd. I, 2 ts. Heft 1860), fatty degeneration of the internal organs results not only from poisoning with *phosphorus*, but also with *arsenic* and *antimony*. After poisoning rabbits with small doses of these preparations, the liver was found enlarged, the result of fatty infiltration into the cells; the volume of the kidneys increased, and the tubuli uriniferi filled with fatty globules; the heart and muscular fibres of the

\* Falck, *Handbuch der Pathologie* redigirt von Virchow. Bd. II.

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diaphragm had likewise undergone fatty degeneration, and the epithelium of the gastric glands was frequently infiltrated with fat.

*Phosphorus*.—The study of the pathogenetic effects of this substance and its acid on the renal glands and their excretion is still imperfect; yet from what information we possess, it is evident that *phosphorus* exercises a marked influence on the vascular lateral pressure in the kidneys, which are found after death highly injected. Moreover, its influence on the osseous system—necrosis, caries, as well as on the nervous system and circulation point it out as a substance which, by causing general marasm, causes also granular kidney; the latter has even been observed after acute poisoning by Nitsche.

*Plumbum*.—Albuminuria and granular kidney are frequent sequelæ of cachexia saturnina. The degeneration of the urinary glands is more the result of perversion of nutrition, than of any direct action of the lead on their tissue, or its mere passage through the capillaries. Though Orfila, Chevalier, M. Salon and others witnessed the presence of this mineral in the urine, its appearance seems only to be temporary, and not to produce more than a passing manifestation of albumen after spasmodic attacks. Becquerel and Vernois consider, however, Bright's disease as directly produced by saturnine poisoning.

*Mercury*.—The *bichloride of mercury* often causes suppression of the renal excretion and even hæmaturia. The constitutional effects of this mineral in its various preparations, number among them albuminuria as a frequent symptom. Wells and Christison ascertained the presence of albumen in the urine during the febrile period of constitutional mercurialism. Some have attributed this symptom merely to the passage of the metal through the capillaries of the kidneys; if this cause cannot be denied, neither can it be considered as a constant one; albumen



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has been found independently of *mercury* in the urine, while on the other hand, the former disappeared under the influence of *iodide of potash*, at the same time that the elimination of *mercury* considerably increased (Natalis Guillot, Melsens). Kussmaul, who made hydrargyria the subject of most serious studies, declares that urine which carries *mercury* is in a great number of cases albuminous. We have just stated that the presence of this mineral is not necessary to determine the extrusion of albumen; indeed the latter often increases with the disappearance of the former. This view, which considers the mere mechanical effect of *mercury* as the cause of albuminuria is, to say the least of it, a very narrow one. Its general pathogenetic influence causes impoverishment of the blood and denutrition of the tissues, which creates in its turn a relative prevalence of albumen in the serum, afterwards discharged by the organism through its natural emunctories; the local effect of *mercury* is, congestion of the kidneys and even inflammation. Diseases calling into action mercurial treatment, are often characterised by specific lesions of the abdominal glands—cirrhosis of the liver, and granular and amyloid degeneration of the kidneys; and here again we may ask are these the result of the disease, or of *mercury*?

*Iodine*.—Though this metalloid has been used in enormous quantities, and constitutes still in France a *panacea universalis*, having periodicals exclusively devoted to the propagation of its therapeutical application in nearly every disease, still we know very little as to its physiological action on the kidneys. Thanks to the empirical use of this substance, our brethren the allopaths, who pride themselves so highly on the rationality of their treatment, have been able to enrich nosology with a new disease, the iodism or cachexy caused by the abuse of *iodine*. By this and the physiological provings on a

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healthy human frame, we learn that it produces polyuria, or suppression of the renal excretion; congestion of the kidneys; fatty and albuminous urine (Rilliet, Gubler); rapid denutrition and emaciation.

*Cuprum*.—Müller considers *cuprum* indicated in the coma caused by sudden repercussion of acute exanthemata, often the beginning of acute Bright's disease.\* This opinion seems, however, to be more the result of observation *ex usu in morbis*, than of its pathogenetic effects. After acute and chronic poisoning with copper, the liver, spleen and kidneys have been found enlarged and congested, and in each of them this metal has been detected in considerable quantities.

*Sulphuric acid*.—Several cases of nephritis albuminosa, consecutive to poisoning with this acid, have been recorded by Leyden, Munk, Mannkop, Smoler and Cantani.

*Oxalic acid*.—The effects of this acid on the organism are, capillary congestion of the abdominal glands by primary paralysis of the ganglionic system; post-mortem examination exhibits the liver, spleen and kidneys gorged with dark blood. The physiological provings present nothing characteristic except polyuria, pain in the kidneys; and Mitscherlich found cells of the Bellinian tubes in the urine. Hydrops ovarii was greatly improved after the woman had taken by mistake oxalic acid instead of *sulphas sodæ*.

*Cantharides*.—The pathogenetic action of the Spanish fly on the urinary organs has for centuries attracted the attention of physicians, and has even been employed by them against diseases similar to those this insect produces on the human frame, and even against dropsy. But it is only since the urine became an object of more careful investigation, that albuminuria has been observed

\* *Homœopath: Vierteljahrschrift*, p. 320, 1858.

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as the result of the medical administration of *cantharis*. Christison first detected albumen in the urine after the internal use of this poisonous substance; and Bouillaud, Morel-Lavallée and Vernois, after the application of blisters. The passage of albumen into the urine is due to the primary irritating effect which *cantharis* exerts on the kidneys; it is soon followed by active congestion, inflammation with exudation of fibrine and extravasation of blood; the urine revealing blood corpuscles, fibrinous cylinders, epithelium of the tubuli, &c.

*Apis mellifica*.—It is to be regretted that Hering and other provers of the bee poison, did not bestow the same care on the analysis of the urine, as they did on the inquiry of other and particularly subjective symptoms. According to its action on the kidneys, skin, circulation and respiratory organs, we may conclude that in many cases of poisoning the urine must have been albuminous.

*Oleum terebinthinæ*.—Schroff observed, after the administration of turpentine, hæmaturia and suppressed excretion of urine and albuminuria. The cortical substance of the kidneys shewed the same alterations as in acute exudative nephritis. The baccæ and oleum juniperi and sabina act in the same way; the urine is frequently albuminous, and carries fibrine and epithelial casts.

Copaiva, cubebs, Peruvian balsam, digitalis, squilla, rubia tinctorum and daphne mezereum may all determine congestion of the urinary glands and the extrusion of albumen into the urine. The action which these substances exert on the renal glands, depends chiefly on local irritation.

*Alcoholism*.—No organ seems to possess an immunity against the deleterious effects of fermented alcoholic liquors; and certainly the abuse of these is one of the most frequent causes of granular kidney. Divers views and theories as to the manner of its action have been

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professed and accepted. Bouchardat saw in its effects nothing but a want of oxydation of the blood corpuscles; according to him, alcohol, as soon as it is introduced into the organism, is decomposed into carbonic acid and water, thereby absorbing the oxygen destined for the oxydation of the blood. Duchek establishes from his researches that alcohol brought into the stomach traverses the walls of the capillaries, and is immediately transformed into aldehyde, which furnishes by oxydation acetates and oxalates. Ludger, Lallemand, Perrin and Duroy\* prove by experiments that, contrary to these views, alcohol is neither decomposed nor assimilated in the organism, that it does not change its nature, but acts as a dynamic agent on every part to which it is conveyed, and manifests a direct primary action on the nervous centres; according to the quantity imbibed it modifies, perverts or abolishes their functions. It passes unaltered into the bile and urine (Klenke), and shews a great tendency to accumulate in the brain and the liver; it seems also evident that it remains in the blood without giving birth to any of its intermediary productions by oxydation there. Behier obtained alcohol from the blood, as well as from the brain, but found neither aldehyde or acetic acid. It seems therefore that it produces no change in the blood itself; a particular feature, however, has been observed by Magnus-Huss and others in the blood of animals or men who had died under intoxication, viz.: a large quantity of fatty globules swimming on the blood, visible even to the eye. The more recent researches of Schulinus† on the distribution of alcohol in the animal organism, are considerably at variance with those of the French investigators: he states that alcohol is equally

\* *Rôle de l'alcool et des anesthésiques dans l'organisme.* Paris 1864.

† *Ueber die Vertheilung des Alkohols im thierischen Organismus.* *Archiv für Heilkunde.* February 1866.

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distributed throughout the organism, excepting the blood, which contains always a larger proportion than the other organs. He concludes, moreover, from his experiments: 1° that a great part of alcohol is decomposed in the animal economy; 2° that the quantity of alcohol eliminated unaltered by the kidneys, lungs and skin is infinitely small, relatively to the quantity absorbed.

The unvarying effect of alcohol on the organism is a considerable diminution of respiratory combustion; the quantity of carbonic acid diminishes invariably in the exhaled air under its influence (Bahier, Lehmann, Vierards, Ed. Smith, Bouker); the urates are excreted in a minor proportion than during abstinence from fermented liquors. Alcohol prevents, therefore, denutrition by less expenditure.

Albuminuria is not often the effect of acute alcoholism. But it is evident, notwithstanding, that a constant abuse of spirituous liquors exercises a directly nocent influence on the digestive organs; moreover, the presence of alcohol in the entire system, its continual passage through the kidneys and the reduced combustion it occasions, must necessarily determine a great perversion in the nutrition. This is then invariably the case, and is characterised either by hyperproduction of connective tissue, constituting the various inflammations of the serous membranes and the abdominal glands, known under the name of peritonitis, cirrhosis, nephritis; or by fatty degeneration of the normal tissues, as well as by fatty deposits in divers parts, caused by the retention of the carbonic acid in the organism.

It is therefore not surprising that alcohol by its permanent, local, irritating effect and general influence on nutrition causes, in so large a number of cases, fatty degeneration of the kidneys. Bright has already declared that no disease has made more victims among drunkards

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than granular kidney. Gregory and Christison consider that brandy causes Bright's disease in at least 75 per cent.; and Carpenter corroborated this opinion by his observations in London hospital practice. Similar reports have been made in the north of Germany, Sweden, Russia and North America. In France, where the abuse of brandy is much more limited, cases of granular kidney attributable to this cause are very scarce.

The hyperproduction of connective tissue, and fatty degeneration of the divers organs may co-exist, but it seems that those drunkards who are compelled to take active muscular exercise are more generally affected by the first, while those of sedentary habits are more liable to the last. Even the quality of the liquor is not without influence in this respect; strong brandy creates a tendency to adhesive inflammations, while beer engenders fatty degeneration.

In resuming the preceding observations we find that albuminuria, consecutive to the introduction of poisons into the organism, recognises several means of production, being sometimes due to mere local irritation, while at others it expresses an altered state of nutrition, or is often the result of both these conditions united. The manner of its production depends also on the dose of the poison or medicinal agent; large doses will either act by a rapid general functional disorder, or according to their nature by more direct perversion of the functions in the renal glands, often in both ways; small doses of certain poisons long continued, will conduce to albuminuria by a serious alteration of nutrition.

*(To be continued.)*

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## IMPRESSIONS AND FACTS DRAWN FROM TEN YEARS' HOMŒOPATHIC PRACTICE.

By Dr. BAYES, Bath.

(Continued from page 667.)

**AGARICUS MUSCARIUS.**—I have given this medicine in several cases where it was apparently indicated homœopathically, but without any marked result. These cases were chiefly chronic affections of the heart and nervous system.

**AGNUS CASTUS.**—I have several times given this medicine without marked benefit, chiefly in affections of the sexual functions.

**ALOES.**—Has proved of some service in chronic dysenteric affections, and in hæmorrhoidal affections occurring in females during the critical period. The 3rd decimal dilution was chiefly given.

**ALUMINA.\***—I have been disappointed in this medicine, having given it in both high and low dilutions, with little apparent effect, in chronic constipation, in certain uterine affections, and in affections of the nasal mucous membrane.

**AMBRA GRISEA.**—I have seen no decided good effects from this medicine.

\* *Alumina.*—I prescribed *alumina* 30, gl. iii. every night, and *alumina* 6, gt.  $\frac{1}{2}$ , every morning, in a very obstinate case of chronic constipation, with dry mouth and irritated-looking red tongue, in a lady of 30. She wrote thus, in a few days:—"I have not been able to finish the medicine you prescribed for me on Aug. 29, for its effects upon me have been so strong that on the third day I was completely knocked up. Its first effect was principally that of a *greatly increased action of the kidneys*, causing me to be much disturbed at night; and this was followed by such a feeling of weariness and heaviness too, that I felt much more inclined to lie down than to go out into the air. Yet I took the powder that same night, hoping these effects might wear themselves out. But this was not the case, for the next morning

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**AMMONIACUM** I have given with no effect in certain forms of chronic rheumatism.

**AMMONIUM CARBONICUM** I have given in certain stages of typhus and typhoid fevers, but with very questionable results.

**ANACARDIUM** I have used with great advantage in cases of weakness of memory, and general temporary feebleness in brain-power. When in Cambridge I found it very useful in steadying the nervous system in *funk* previous to examination, as also in removing nervous exhaustion induced by over-study. In sexual debility it is invaluable; also in cases of nervous prostration following seminal emissions (whether involuntary or not). In these cases I have given 3 globules of the 12th centesimal dilution, to be taken early next morning, and repeated in two hours, if needful. When given to steady the nervous system during unwonted mental labour, I have usually prescribed two or three doses a day.

**APIS MELLIFICA.**—In certain forms of sore-throat, characterized by sudden pain and swelling, I have seen rapid cure from *apis* 3 or 3rd dec. In some forms of erysipelas, where the disease seems to spread from a little hard centre, I have also seen excellent results; also in a case of carbuncle, with very extensive erysipelatous blush,

I was seized with *pain in the head* and a *feeling of nausea*, and felt at the same time so heavy, and my mouth so parched, that the approach of some acute form of illness suggested itself to me, as the only way of accounting for these strange symptoms. When I ceased taking the medicine, however, they all gradually subsided. Had I been able to continue the *alumina*, it would, as far as I could judge, have been of real use to me. After taking it three days I had an action of the bowels without the help of castor oil, and much more naturally than for some time past."

The writer of this is a very highly educated and talented lady, and fully to be relied on as an observer.



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extending rapidly, *apis*, 3rd decimal, in drop doses every three hours, speedily controlled the erysipelas. On omitting the medicine for twelve hours, the disease gained ground, but was held in check and speedily cured by a persistent administration of the *apis*. (The carbuncle itself was topically treated by poultices containing chloride of lime.) In a case of inflammatory swelling of the tongue, without apparent cause, *apis*, 12th centesimal, gave very rapid relief.

ARGENTUM METALLICUM I have given in several cases of diabetes, without any benefit. I have seen it, in the 2nd and 3rd triturations, and 6th dilutions (centesimal) relieve the symptom translated in Hull's Jahr: "Loud rumbling in the abdomen, like the croaking of frogs," a very troublesome symptom in some dyspeptic females.

ARGENTUM NITRICUM.—I regret that my experience of this drug does not enable me to corroborate its efficacy as a remedy in epilepsy. I have seen, in allopathic practice, several cases of epilepsy cured by large doses of this drug; but in all these cases the patient became afflicted with the metallic blue skin. Can it be that this discoloration of the skin protects the patient from epilepsy?

In one form of indigestion this medicine is extremely useful; it is generally characterised by *sharp* stinging pains soon after taking food, and the emission upwards of a large amount of flatulence. In the treatment of these cases I have administered the 3rd decimal or 2nd centesimal dilutions, in doses of from one-third of a grain to one grain. The action of the *argentum metallicum* is very similar to that of the *nitrate*. Some caution must be used with both these medicines, as I have seen decided exacerbation sometimes follow their use, but always with ultimate good result.

## TEN YEARS' HOMŒOPATHIC PRACTICE.

**ARNICA MONTANA.**—A young physician said to me, not long since, that if he were asked by a sceptic to demonstrate the truth of the homœopathic law, he would point to *arnica* and its effect on bruises. On one occasion, when he advanced the power of *arnica* as an argument in favour of the homœopathic law, he was met by his opponent with the statement that *arnica* had been fairly tested by himself and the professor of his school, and that it had failed. Being pressed for the particulars of the experiment, he related how the professor had dry-cupped a recently dead man, and having applied the *arnica* in vain to the apparent ecchymose, had thence triumphantly demonstrated the powerlessness of the remedy! "*Ex uno disce omnes*:" from the time of Andral until now, was there ever a richer experimental farce?

We have the recorded experiments of another learned professor, scarcely less absurd, where he dry-cupped, in two places, a living patient, and having applied *arnica* to the one purple spot, and some spirit lotion to the other, found that each spot recovered in the same time. The deduction of the professor from this experiment, that *arnica* is valueless, is scarcely more absurd than that of some others of our opponents, who go about denouncing *arnica* as a most malignant and dangerous poison.

My own observations lead me to differ from the professor on the one hand and from the terrorists on the other.

*Arnica*, when used with discretion, is a royal remedy; when used carelessly or ignorantly, like all powerful medicines, it will certainly do harm.

There are some constitutions on which, it is true, *arnica* acts injuriously, even in very minute quantities; but the same may be said of almost all great medicines. I have seen inconvenience arise from the injudicious use of *arnica*, but never any danger, unless where it had been

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used in too large quantity, or where the effects of the *arnica* had been improperly treated.

The poisonous effect of *arnica* is a peculiar form of erysipelas; where this occurs, *camphor* is to be given internally, and applied as a lotion externally. I have seen several cases treated in this way, and they have all made good and rapid recoveries.

One patient had this *arnica* erysipelas three times. I attended her on two of these occasions. She was extremely sensitive to the *arnica*. Her first two seizures were from bathing the sprained foot of a friend with *arnica* lotion. On the second of these two attacks she was attended by me; the form of erysipelas was peculiar; the hands and arms, and the face, especially the eyelids, were the parts most affected. The itching was intolerable; the skin felt rough, and like that of a patient with small-pox, as if there were a number of scattered shot under the skin; the pulse was very weak, and the tongue deeply furred.

The third attack was much more slight, affecting chiefly the lips, eyelids, and forehead; it was caused by merely sitting in the same small room in which a patient was bathing his leg with *arnica* lotion.

In another case which I saw, of severe erysipelas of the thigh, scrotum, and penis, it was brought on by the carelessness of the patient himself, who for a sprained knee applied the strong tincture of *arnica*, without the addition of water. He had a sharp attack, which he richly deserved, for despising the printed directions, which recommended the *arnica* to be diluted with twelve times its measure of water.

My own experience leads me to use the lotion weaker than this: a teaspoonful of the strong tincture to half a pint of water is abundantly strong for most cases, and, where a mucous surface has to be exposed to its action, as

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in the case of a black eye, I usually order it weaker than that, at first. In a severe bruise, where the skin is broken or cut, the abrasion or cut should be protected from the *arnica* by first covering the wound with plaster. For a simple cut, without surrounding bruise, *arnica* should never be employed.

I have been asked by an opponent, why we claim *arnica* as being *homœopathic to bruise*? Will it produce bruise, or its similar? I once saw this occur. A girl, who was using *arnica* lotion for an old sprain, came and shewed me her knee, which, after having been wrapped in an *arnica* compress some days, shewed every sign of bruise: it was first blackish, then changed to a greenish, afterwards yellowish hue, before it recovered. This patient supposed it was "drawing the bruise out;" but as the sprain was of many weeks' standing, even that popular hypothesis would not explain it. I don't attempt to theorize on this point, but am content to record the fact.

The influence of *arnica* on all ailments resulting from injuries is wonderful. I once converted an allopathic friend by its effect, in this manner: his youngest daughter, a delicate little girl, 7 years of age, broke her thigh; she was unable to sleep, from the continued starting of the limb, which, as she was a nervous, timid child, frightened her, as well as gave her great pain. All the allopathic armamenta were powerless against this foe, and the poor child was in a pitiable case. Her father, partly by the mother's persuasions, partly by his own strong love for his child, overcame his professional prejudices, and he came to me for aid. *Arnica*, 12th centesimal, in 3 globule doses, cured this distressing symptom; the little maiden's sleep came the first night after taking the *arnica*. Let any allopathic scorner repeat the experiment, merely giving a dilution corresponding to the nervous condition of the patient: the 1st or 2nd to the less sensitive; the

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3rd, 6th, or even a higher dilution, to the more nervously constituted.

Hunting men now and then get falls that shake every bone in their bodies; the effects of these concussions, though no bones are broken, are generally sufficiently painful next day to impress the recollection of their spill on them for some time. A few drops of the 1st decimal dilution of *arnica*, swallowed at once in a glass of sherry, or a single drop of the strong tincture of *arnica*, in a glass of water, or of sherry, or brandy and water, works wonders in these cases. Next morning, in place of being stiff and miserable, the rider who came to grief on yesterday is ready for anything.

Among the labouring classes in agricultural districts, a life of heavy toil, of daily physical strain, lifting heavy weights, and of exposure to the weather, often causes a comparatively early old age, with supposed rheumatic pains, which incapacitate them from further toil, and send them to sit in the chimney corner in their warmest wraps, in all but the hottest weather. I have seen many of these "*miserables*" greatly benefitted by *arnica*, from 1st dec. to 3rd tincture, in 1 or 2 drop doses, three times a day.

In fact, almost in every ailment traceable to falls, hard knocks or blows, or hard usage, *arnica* becomes an essential part of the treatment, whatever the immediate symptom presenting itself. In cases of very old standing, the treatment must be commenced with a high dilution (say 30th), and continued by a course of gradually lower dilutions in sequence.

In those cases of fever consequent on excessive bodily fatigue, I have given *arnica*, 1st, 2nd, or 3rd, intercurrently with other medicines, and always with advantage, in allaying the aching and weary pains.

In a few cases of active congestion of the head in old persons, threatening sanguineous apoplexy, *arnica* has

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acted admirably. Among my regular *clientèle* were an unusually large number of persons beyond seventy years of age: in no single case during my ten years, has any one of these been seized with apoplexy. Several have been threatened; but by *arnica*, *glonoine*, *opium*, *aconite*, or *belladonna*, according to the symptoms presenting, I have always been able to restore the circulation to its equilibrium. I believe very many cases of the apoplexy of old people are due to the pernicious habit of taking aperient medicines: our homœopathic patients avoid this danger.

In two cases of tenesmus of the neck of the bladder, I have seen great benefit from *arnica*. Both were in men advanced in age. In one case there was disease of kidney and prostate gland; it was incurable, but *arnica* palliated the tenesmus. The immediate attack was brought on by over exertion and exposure to cold and damp. In the second case, a man of over 70 brought on the attack by too great a devotion to sport. In the early part of September, for more than one season, he was always attacked with this painful affection, after a hard day's shooting. *Arnica* gave him speedy relief.

Frequent bleeding at the nose, if following exertion, or occurring in growing children, yields readily to *arnica*, 3rd, 6th, or 12th.

Hypertrophy of the heart, induced by over exertion, in young men, I have cured frequently by *arnica*. One case specially deserves mention. A slight, dark young man of 19 came to me with active hypertrophy; the pulsations of the heart were violent, and plainly seen through his clothes, before stripping him for examination. The enlargement was very considerable; the bellows sound well marked. He had been for several months under physicians of the old school, both in London and Brighton, who gave an unfavourable prognosis, which had been so

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far verified, as under their treatment he was rapidly getting worse. The only cause traceable was his having overstrained himself in athletic sports and games. He was very anxious to get into the army, and was greatly dispirited by the decided opinion of his former physicians, that he would never be well enough to pass muster. Having seen several such cases, induced by rowing and cricketing, get well under *arnica*, I told him that I thought I could cure him in six months, if he would strictly conform to my rules during the whole of that time. The prospect of getting into the army induced him to promise this. I ordered abstinence from all severe physical exertion, from rowing, riding, running, especially from lifting heavy weights, and from doing anything in a hurry. I then put him on *arnica*, 3rd centesimal, a pilule three times a day. I continued this for a month with decided benefit, then gave him *lycopodium* 6 for a week, but he did not improve, so went back to *arnica*, occasionally changing the dilution to higher or lower. I found it now rather difficult to restrain him, and allowed gentle rowing; but only by himself, so that he might not be tempted to pull beyond his strength. He made an excellent recovery within four months. He entered a hussar regiment, and was passed by the surgeon as perfectly sound, as indeed he was; all trace of heart affection was perfectly cured.

This is not a solitary case, and is only related because allopathic physicians of eminence had pronounced him incurable before he was placed under *arnica*, and an allopathic surgeon passed him as perfectly sound and fit to enter the army, after he had passed from my hands. He is now in India with his regiment, and is a strong, hearty man. It is not surprising that his family have become homœopathic. His allopathic physicians probably never heard of his cure; the attitude of the allopaths toward

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homœopathy precludes their hearing of these things from their former patients.

In some forms of angina pectoris, when almost any exertion brings on the pain, *arnica*, from the 1st to the 3rd dilution, often gives great relief during the paroxysm. *Cuprum aceticum* is, however, more usually indicated in the curative treatment of this obscure disease; a hint which I first received from my friend Dr. Holland, of Norwich.

In rheumatism of the intercostal muscles (false pleurisy), *arnica* is rapidly curative. I have usually given it from the 3rd to the 30th; the 18th is my favourite dilution in these cases.

Hæmorrhages brought on by over exertion yield to *arnica*.

Boils in rowing men are well treated with *arnica*, externally applied, in the shape of lotion or plaster, and internally administered at the same time. The pain of carbunculous boil is mitigated by fomentations of hot water, very weakly impregnated with *arnica*; a teaspoonful to a pint or pint and half of warm water. But a better treatment for boils will be noticed in a future paper.

(To be continued.)

## ON CHOLERA.

By A. DE NOÉ WALKER, M.D.

DURING the first war against the Chinese Empire, the writer sailed from Calcutta with certain reinforcements ordered out by Lord Ellenborough, at that time Governor General of India. The convoy consisted of about ten or fifteen ships. When fairly out in the Indian Ocean, cholera attacked the transport I was on board of, and every case proved fatal. It blew a stiff breeze for many consecutive days, but the ship carried her ports open, and the wind was allowed to ventilate



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between decks, day and night; nevertheless, the disease did not leave the ship for many weeks. It would appear, therefore, that the cause that generated the epidemic could not be blown out and carried away by a strong wind. None of the other transports were attacked. Is it therefore, at all likely that a certain "blue mist" had anything whatever to do with the outbreak of cholera on board only one ship, out of a convoy of ten or fifteen transports?

It has been very often observed, that the first cases prove most rapid and intractable. Presently, the violence of the epidemic sensibly diminishes; again it assumes the virulence which characterised its advent, and then rapidly disappears altogether. Can any impurity in the water have anything whatever to do with this strange phenomenon? If so, then it must be assumed that the waters supplied to a household or district, were very foul when the epidemic first broke out; became less impure, for a certain period of time: and then became again very impure. Moreover, this phenomenon has taken place among British officers and others, who never drank water at all, and among the inhabitants of Alpine villages, where the purest waters are used; waters which issue out of the living rock, or from other subterraneous springs.

Uncleanliness and impurity of any kind, prepares or predisposes an individual or locality for an outbreak of cholera. It has been observed, however, that an army in the field may be quite free from cholera, but that the disease attacks every reinforcement that joins it. Can a certain blue mist, impure water, or *dirt* of any kind, account for this? It should be generally known, that in the capital of France, the present epidemic has almost exclusively attacked the *Quartier Plassy*, one of the cleanest and wealthiest in Paris.

A besieging army, while more or less inactive, shall be attacked, and be seldom free of cholera. Suddenly a general action is fought, and the cholera disappears. Up to the 15th of August 1854, the Piedmontese in the Crimea had lost fifteen hundred men from this disease; on the 16th the Russians attacked the whole line and were repulsed with great loss. The

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Italians took a prominent part in the battle, after which the cholera disappeared. A "brush" with an enemy is an excellent specific, but has it anything whatever to do with any cause hitherto supposed to be capable of *generating* cholera? Neither the camps nor the water, were cleaner after the battle of the Tchernaya than they were before it.

Sometimes this disease will attack the right wing of an army, leap, so to speak, over the centre divisions, assail the left, and end with a final outbreak among the camp followers and sutlers in the rear. Thus also, a few months ago, the cholera first appeared in Egypt, spared many very ill-conditioned and dirty cities on the coasts of the Mediterranean Sea, and broke out at Constantinople. After a while, it retraced its way backward, and appeared at Smyrna; again spared many adjacent and intervening cities and ports, and suddenly broke out, with great violence, at Ancona. Can this be accounted for by any cause, hitherto supposed capable of generating cholera in or out of the human organism? If so, then some places should always be free from this epidemic, while others should never be without it. A household, or the inhabitants of a village or district, supplied with impure water and living in ill-drained houses, and not sufficiently well fed, are thus, *externally* and *in themselves*, organically predisposed to an epidemic; it may be of typhus, typhoid or cholera; but unless and until some particular specific element, unknown to us, comes amongst them, they shall remain free of epidemic disease. This unknown element prefers high temperatures, uncleanness, crowded places, and moral despondency, but it is not by any means dependent on these states and circumstances. In Germany, "the way in which it spreads, and the reasons why some places are visited and others spared, are as mysterious on the present occasion as they were before. In many instances the pestilence has invaded isolated localities at considerable distances from each other, without touching the intervening districts, and sometimes not even the immediate neighbourhoods of the places infected."\*

\* Extract from the letter of the *Times'* special correspondent at Berlin, bearing date 4th September.

## ON CHOLERA.

The greatest marvels in the Universe, and every metamorphosis, beneficial or detrimental to the human organism, are wrought by nature by atomic or molecular operations, very little known to us and not yet seen by anyone. "Man whilst operating, applies or withdraws natural bodies, nature *internally* performs the rest."\* This is true of the commonest operations of daily life, and I believe the explanation of some of the most marvellous and occult processes, lie immediately beneath the surface of the very commonest phenomena. Thus, *e.g.*, I believe we should get a very deep insight into the operations of the organic world, if we knew all about the organic disturbance resulting in sea-sickness. The most learned physician in the world has no idea what takes place when a nerve is painful; neither can he explain the molecular operations of allotropic changes, or account for the varied and beautiful phenomena of crystallization. How much wiser we should be if we understood how *algæ* are formed every time tartrated antimony is dissolved in water. One of the commonest and best prescriptions, is "change of air." The chemical composition of the air never changes. The beneficial effects of "change of air" are, more probably, due to the earth beneath, than to the air above; but at present we do not know. I would here remark, that persons who are fond of talking, and of explaining everything they are ignorant of, by reference to a "vital force," must be reminded that, as far as they know about it, every time they make use of those words, they simply say nothing at all. No one has yet seen or detected a "vital force" independent of, and not the result of organization. But ignorance respecting these things, in no way hinders the homœopathic physician from treating cholera, as well as other morbid states, by endeavouring to assail it with nature's own therapeutic law; and the result is not disappointing.

The law-less allopaths, however, determined, I assume, to practice Bacon's aphorism, that "it would be madness and inconsistency to suppose that things which have never yet been performed, can be performed without some hitherto untried

\* Bacon.

# ON CHOLERA.

means," have, with a result they are quite accustomed to, assailed the disease with every kind of missile, in the reckless hope of finding something to "hit it off." Thus, only in one single number of the *Lancet*, dated 11th August, the following methods (!) of treating cholera, are distinctly noticed :

Inhalation of steam.

Castor oil: a tablespoonful every two hours.

Calomel, twenty grains for the first dose, and then ten grains every two hours.

Calomel and opium.

Podophyllin and camphor.

Sulphuric and hydrocyanic acids.

Castor oil, saline lemonade and lead pill.

Baths with Condry's fluid.

Hydrocyanic acid with effervescent draughts.

Inhalation of a gallon of nitrous oxide.

Solution of quassia injected under the skin.

Sulphuric acid and laudanum.

Dover's powder every fourth hour.

Carbolic acid drinks

And "the corking up method" of Dr. Gason of Rome.

"Come now, you are inventing," exclaimed a friend of mine, to whom I read the above list. "Nay, but I am not," I replied, "and have not quite done yet." I *will*, however, conclude with putting before the reader the various plans noticed in a *single* number of the *Medical Times and Gazette*, 8th Sept.

Dr. Macgowan recommends stimulating emetics, and hypodermic injection of quinine.

Dr. Billing recommends "fever medicines," *i.e.*, water, tartar emetic, and sulphate of magnesia.

Dr. G. Johnson recommends and practises his elimination theory; but Dr. Andrew Fergus, of Glasgow, "writes a powerful counterblast" against it, and recommends opium and morphia.

Dr. Kingsford, in the first place, chooses to believe that phosphorus causes cholera. Decomposed fish is luminous, therefore the cholera may have been taken to Whitechapel in a cargo of mackerel. He recommends calomel.

## THE PAST AND PRESENT PRACTICE OF MEDICINE.

Dr. William Sedgwick recommends bleeding, turpentine and cool drinks.

Other physicians, whose names I did not note, prescribe :

Saline injections into the veins.

Simple water by mouth, and in the form of emollient enemata.

Another recommends the "mechanical treatment." The patient is to be kept in an atmosphere of 120 to 150, take strong tea, be well rocked, and rubbed with brine, to have a mustard and water bath, plenty of brandy and water, castor oil, and ammonio-citrate of iron.

"We find," says the *Lancet*,\* "that drugs are still continued to be employed of which ample experience has shewn the utter futility, and which are only prevented from destroying life, because happily they are not absorbed."

## ILLUSTRATIONS OF THE PAST AND PRESENT PRACTICE OF MEDICINE.

By Dr. GUTTERIDGE, of Leicester.

As a contribution to the settlement of the question raised in Dr. Craig's paper, published in the last number of the *Review*, I propose to furnish a summary of the treatment of a few well-known diseases, as laid down in recognised text-books, from 1833 to the present date. The impression is abroad, and is diligently fostered in many interested quarters, that allopathic practice has wonderfully altered, that members of the advanced school are become almost homœopathic in the quantity of drugs they employ, if not in the kind they make use of; whilst the fact is, that the allopathy we come in contact with in actual life, and as portrayed by the various authorities, is a dull routine of hesitancy, rashness and empiricism.

The authorities to which I shall refer are the *Cyclopædia of Practical Medicine* (1833); WATSON'S *Practice of Physic*, third edition (1848); WOOD'S *Practice of Medicine*, fourth edition (1855); AITKEN'S *Science and Practice of Medicine* (1858); *The*

\* Leading article in the *Lancet*, 4th August, 1866.

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*English Cyclopædia* (1860); COPLAND'S *Dictionary* (1866); HOLMES' *System of Surgery* (1860); Dr. J. H. BENNETT'S *Practice* (1859); and REYNOLDS' *System of Medicine* (1866).

In referring to INFLUENZA, Shaw, as far back as 1610, says that "both bleeding and purging do harm;" a caution which is repeated by nearly all the writers I have referred to. Yet mild purgatives are advised by Hancock in the *Cyc. Prac. Med.*; gentle aperients by Watson; mild cholagogue purgatives, a dose of calomel or blue pill with James's powder, and a grain of camphor with a purgative draught next morning, by Copland. Wood says active purgation is scarcely admissible. Mild aperients may be given, but with care, states Lankester, in the *English Cyclopædia*. Hancock, the oldest authority on our list, hesitates to prescribe bleeding in any form, but abounds with cautions against it. Watson intimates that the chief risk is being too busy with the lancet, and yet if the symptoms are severe he advises it, but with caution; thus making himself right with anyone disposed to follow him. If a patient die without bleeding, he says it is sometimes necessary; if he died in spite of bleeding, and perhaps in consequence of it, did he not say that extreme circumspection should be exercised in having recourse to it? So Wood: bleeding is not well borne, or if well borne, is of little effect; yet if symptoms of inflammation are decided, *bleed*, but stop at once if the pulse begins to falter. Aitken remarks, blood taken beyond a *limited* quantity either does not relieve or is actually prejudicial; yet if the bronchitis is severe he advises leeches, cupping, or a *moderate* venesection. Copland does not recommend bleeding in any shape. Parkes, in Reynolds's book, whilst condemning bleeding as strongly as anyone, says, if pleurisy or pneumonia come on, with severe pain, a few leeches or a cupping-glass to the painful part are often useful; but depletion should hardly go beyond this: a direction scarcely definite enough where venesection is so decidedly injurious. The same writer informs us that repeated catharsis is sometimes most injurious; yet a dose of calomel, one to three grains, according to circumstances, given twice, but not oftener, should be administered at first, and may be followed by a saline purgative.

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Emetics, antimonial and saline medicines, ipecacuanha from its action on the mucous membrane, gum ammoniac with oxymel of squills, and calumba, cascarilla and Peruvian bark as tonics, comprise the whole of the drugs mentioned by Hancock, whilst Copland gives us diaphoretics, emetics, warm infusion of chamomile, antimonial wine, sal-volatile, embrocations or fomentations, with spirits of turpentine liniments, camphor, henbane, ipecacuanha, senega, squills and iron. Aitken affirms that the whole class of expectorants are of little or no service in influenza. Parkes says expectorants must be used, and that ipecacuanha is the best, combined with conium or henbane, or with the ethereal tincture of lobelia, and that tartar emetic (which is of first importance with Aitken) is best avoided altogether. It is very doubtful, also, says Parkes, whether pneumonia is benefited by bleeding: the pneumonia has itself a course, and cannot be cut short; it is probably better to persevere with ipecacuanha and nitre, to apply only a few leeches or a cupping-glass, if pleuritic pain be intense. There is more uncertain direction based on probabilities, and greater polypharmacy, in the most recent authority, than there is in the older one of 1833.

Passing on to the methods advised for ERYSIPELAS, we find that Tweedie, in the *Cyclopædia of Practical Medicine*, advocates bleeding largely and repeatedly, with active purgation, cold applications and free incision; a nutritious diet, with sometimes a little wine, bark and opium, if required. To Watson it appears a disease that is not to be cut short; that will run a certain course and terminate, sooner or later, by resolution, whether remedies be employed or not. Nevertheless he advises moderate bleeding, as do Wood and Copland and Aitken, with free purgation at the outset; yet in his own practice he did not bleed one patient in a hundred from the arm. He speaks with favour of the treatment by quinine, and for application hot poppy fomentation, or cold lotions where hot applications are disliked. Dr. Hughes Bennett observes that there is a close analogy between scarlatina and erysipelas, though erysipelas is less fatal and runs a slower course: even when the scalp is extensively affected, death is a rare occurrence. He saw several cases of

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erysipelas of the scalp in Paris in 1851, under Louis, undergoing no treatment at all, because it was so seldom fatal, unless in persons of bad constitution, or when associated with some complication. He considers it very difficult in a disease that so generally tends to recovery, to judge how far this or that remedy is beneficial. He goes on to state that tincture of steel, 15 to 25 drops every two hours, has been most highly recommended; but that how this medicine is more successful than the spontaneous operation of nature it must be very difficult to demonstrate. It is asserted by Aitken that the application of caustic to the skin is a most efficient agent in arresting the spread of the inflammation; by Reynolds, that it is useless, and that in some cases the erysipelas starts afresh with renewed vigour, from the line made by such application. By Reynolds, and by De Morgan in Holmes' *System of Surgery*, steel is considered almost a specific, controlling and rapidly cutting it short, the quantity administered to depend on the severity of the symptoms. Ammonia and bark in severe cases may be preferable, and in others stimulants may have to be associated with it. Reynolds states that he believes the class of cases which have been described in such a manner as to justify bleeding from the arm do not exist, except in the histories of the past and the imagination of the present. Copland, on the other hand, observes that there are not only instances in which bleeding is admissible, but where it is required and is well borne. As to the use of compression, the greatest diversity of opinion prevails; and a paper war has been raged as to the utility, length and depth of free incision.

The oracle speaks, but gives forth an uncertain sound; the priests are not agreed amongst themselves. The vantage ground that the old faith has over the new is small indeed: we know as much about the disease, we can take as much care of our patients, and we have more than *one* reliable medicine on which to fall back.



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*The True and False Sciences. A Letter on Homœopathy.*  
London: Churchill & Sons, 1866.

The history of this pamphlet is given in its preface and appendix. "A medical friend," we read in the former, "met in the course of his practice with some of the results of homœopathic treatment, and being at a loss to explain them, applied to the writer in his perplexity." The pamphlet before us was written to explain these results. While it was in process of incubation, the enquiring friend appealed to a better source to answer his enquiries. He sought further information at the bedside of the sick. Clinical experience taught him that the results of homœopathic treatment were real results, occurring not merely *post* but *propter hoc*. Ere our author's *brochure* was fairly floated, he received—as we are informed in the appendix—a pamphlet from Auckland, New Zealand, entitled, *The Scientific Character of Homœopathy*, written by a near relative of his, "in fact, the 'medical friend' to whom" he had alluded in his preface.

He says, in the course of his essay, that as "I deny the existence of the so-called homœopathic remedies, I cannot test their action by experiment if I would; but I would not if I could." Refusing to be guided by the dicta of the only tribunal competent to assist him in determining whether homœopathy is *true* or *false*, his conclusion that it is the latter cannot be marvelled at. He sat by the fire musing, or possibly reading Simpson's *Tenets and Tendencies*, and declares homœopathy an imposture. His medical friend put to the test the conclusions of those who had preceded him in the practice of homœopathy, he went to *nature* and learns that homœopathy is a scientific fact of immense practical value.

From him we have received the following admirable letter, addressed to the author of the pamphlet we have

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noticed. We would commend this letter to the careful study of the *Saturday Revier*, who thought proper, a few weeks back, to make this essay on *The True and the False Sciences*, the basis of a vituperative article on homœopathy and homœopathic physicians. The unscrupulous annotator of medical works in the *Westminster Review* will find, if he will allow "evidence to have any weight or argument to avail aught," that Mr. Giles lays bare the "hollow pretensions and shallow sophistry" of the pamphlet he regards as so philosophically written. A man is the better of knowing something about the subject on which he writes—as Tom Jones has it—the so-called philosophical writer in the present instance knows nothing of his subject—scorns knowing anything of it—while our friend Mr. Giles, who writes practically as well as philosophically, has been at some pains to learn something of it, and has we think succeeded admirably.

A LETTER TO THE AUTHOR OF "THE TRUE AND FALSE  
SCIENCES."

By J. GILES, Esq., M.R.C.S. Eng., &c.

My dear F.—The arrival of your letter in print was the cause of as much surprise to me, as the receipt of my pamphlet on *The Scientific Character of Homœopathy* doubtless was to you. I have already in a letter to you, commented upon some of the points at issue between us. The re-perusal of your letter in its later and more perfect form, has induced me to solicit from the Editors of the *Monthly Homœopathic Review*, the opportunity of inviting you to a reconsideration of some of your conclusions.

The object of your letter appears to be to show, by an examination of the fabric of human knowledge, that it presents throughout the same texture and characters, that the steps by which it is built up are definite and systematic, and that a reference to its mode of growth and general structure will afford us a certain test by which to judge of the claims of any intellectual scheme or system to be regarded as a genuine portion

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of the great edifice; or at all events that such an examination justifies us in at once condemning, without further enquiry, any system of which the method and doctrines are manifestly at variance with the analogies furnished by the general scheme of the physical sciences,—in other words, are unscientific.

This I am prepared to grant, although it might be reasonable to urge that, however clear may appear the grounds for an unqualified rejection of what we regard as an unscientific theory, yet where its supporters appeal to facts, it might be as well to enquire into these, in order that we may endeavour to erect a sounder theory upon such of them as shall bear the test of experience. Waiving this, however, I admit that we are entitled to reject any new system, until it comes before us using the methods and challenging the tests of inductive science. And if, as you assert, "when premises are agreed upon, some conclusion ought to be arrived at," then there can be no possible difficulty (if the laws of reason and logic do not vary with each individual mind) in the way of our coming to an agreement about homœopathy; at all events, so far as to decide whether it is manifestly a sham and unworthy of further notice, or whether it is rather a system, probably containing a great truth, and therefore demanding from us a careful and candid investigation. Let us see then whether your conclusion that homœopathy is a sham, is fairly deducible from your examination of the structure of the physical sciences.

You show clearly enough that physiology is imperfect, owing to the imperfection of organic chemistry; pathology, imperfect owing to the imperfection of physiology; therapeutics, owing to that of pathology. But here I find a peg on which to hang a few remarks. Pathology deals with diseased states of the human organism, of whatever kind they may be, and from whatever cause they may arise. The effects of medicinal substances or poisons upon the human body will constitute, therefore, in this point of view, a part of the science of pathology, therapeutics having to do only with the curing of diseases. Now in studying the way in which these sciences have been and are being built up, we meet with the remarkable fact that

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out of the great body of men who have made these particular sciences their special business, a very small number and at a very recent period, have set themselves seriously to work to find out the effect of medicines on the human body, by the simple process of taking them and noting down the results. If this be charlatanry, it was charlatanry that Lord Bacon aimed at establishing by his method of "interrogating nature." I am confident, however, that you will admit that this part of the work of the homœopathists is a genuine instance of the application of the true principles of inductive science.\* But if you admit this, see to what we have already attained. The school which you wish to explode on *primâ facie* evidence, as being opposed in its methods to the established principles of inductive science, appears, at the very first point on which we examine it, not only to have kept the right road, but to have pointed the way to others, and to have aided signally in building up the science of medicine.

If any legitimate conclusions can be drawn from your statement of the scheme of the sciences, this is surely one of them: that therapeutics can never come to anything like perfection until the action of medicines on the healthy body has been investigated. Whatever perfection it has already acquired from such investigation has been obtained by the labour, the patience, and the personal sufferings of Hahnemann and his disciples; the men who have been systematically denounced as impostors by those who have never enquired into the facts of the case. So far then, I think the fair conclusion is this: that anything announced by men who have thus laboured, and suffered, and shown their apprehension of the true mode of unravelling nature's mysteries, ought to be received with respectful attention; and if they declare that they have met with a new and surprising order of phenomena, we are not to refuse to examine the phenomena because they are surprising, but rather on that very account, and because they are pointed out to us by men who have shown that they know how to go to work in the true in-

\* It is right to state here that I allude to the genuine provings of Hahnemann and others with massive doses of drugs.

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ductive manner, we ought to investigate them with the most candid and scrupulous attention.

If the above remarks do not contain any essential fallacy, I think I may say: "*adspirat primo fortuna labori.*" Our examination of the scheme of the sciences, and of the manner in which they are built up, leads us to the conclusion that the homœopathists are, as far as their method of enquiry is concerned, on the right inductive road, that they have made out a *prima facie* case, and are entitled, as the lawyers say, to a rule *nisi*.

Perhaps you may be disposed to go with me thus far, and to lament that while the homœopathists have collected a possibly useful body of facts, they have used it only as a vehicle for the introduction of an absurd theory, and the practice of a refined imposture. It is true that the homœopathic theory and practice cannot be deduced by reasoning from the facts collected relating to the action of medicines on the human body, any more than those facts could have been arrived at by pure reasoning. The pure effects of a medicine being known, the next thing was to ascertain in what diseases it should be employed; and homœopathists assert that it should be employed in those diseases which most resemble its own effects, and this practical rule they embody in the formula, *similia similibus curantur*. This formula is made by you the subject of an elaborate attack on logical grounds. I am ready to grant the logical difficulties: I will grant, if you please, that likeness, when it is not exact, is unlikeness, and when it is exact, is identity, and that therefore there can be no such thing as likeness at all. But I consider such metaphysical discussion to be as unprofitable as the old theological controversy between the homo-ousians and the homoi-ousians, which indeed it would very much resemble. A practical rule is not to be pulled to pieces with the rigour which is fairly applied to a logical argument. But to save time, I will accept the homœopathic doctrine in the shape in which you propose it as alone capable of being understood or dealt with. "Diseases are cured by remedies capable of producing diseases which, in the eyes of *competent*

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observers, shall present all the symptoms, both superficial and deep, which essentially characterize and distinguish the diseases so cured." And my comment on this statement is this: that in proportion to the completeness of the resemblance will be the certainty and celerity of the cure; and that so long as there are diseased states having no analogues among our recorded drug provings, so long I fear will there be incurable diseases. And here it is that, having gone so far with you without any great difference of opinion that I know of, I am compelled to dissent from your statements *toto calo*. The only observers competent to decide upon this resemblance between the natural and the drug disease, you assert to be the pathologists; and you say that, such being the case, the question is already settled, for the pathologists deny the existence of any remedies which produce diseases similar to natural diseases. I shall not deny that your pathologist ought to be a good judge of the matter, if you will make me the reasonable admission that the pathologist must know the action of drugs upon the human body; in fact, must have made a careful study of the recorded drug provings. But so long as pathologists know nothing of the action of drugs but what is learned in the ordinary schools of medicine, or by accidental cases of poisoning, or by the intentional poisoning of animals, accompanied perhaps by all sorts of mutilations, I must decline to submit the question to such a tribunal. You say that not one physiologist or pathologist has ever adopted homœopathy. Do you forget that Dr. Henderson was, and I believe is still, professor of pathology in the University of Edinburgh? And if I mention his name here, it is chiefly that I may urge upon you the perusal of his *Inquiry*, in which he has recorded the facts which compelled him to accept the doctrines of Hahnemann. But to return to the homœopathic remedies; is it indeed true that there are no such things? Will not "any medicine in any dose produce a condition similar to any well known disease?" This was not the opinion of Hufeland. He was an opponent of homœopathy, and he said, I suppose by way of showing the absurdity of the doctrine, that if homœopathy were true, arsenic ought to cure cholera. Hahne-

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mann accepted the statement, and pronounced arsenic one of the main remedies in Asiatic cholera; and two or three years ago, a Dr. Black proclaimed with a great flourish of trumpets in the *Lancet*, as a great discovery of his own, what all homœopaths have known for years, that arsenic will cure cholera. Now it has always been held the surest proof of the soundness of a scientific theory that it should be able to predict results, and in this point of view the history of the use of arsenic in cholera is well worthy of attention. Again, does not the tetanus of strychnia bear "a real resemblance to any well known disease;" and may not the same be said of the apoplexy of opium, the mania of belladonna, the ravages of mercury? But the truth is, it is hardly fair to limit this question to the typical diseases described in books, since these do not constitute the majority of the cases met with in practice. I think you will agree with me that for one case which closely corresponds to the descriptions of the books, we meet with ten which we should search for in vain among those descriptions. Yet in the chaos of Jahr's *Manual* we shall find most of the symptoms we seek, among the pathogenetic effects of some medicine or other.

The legitimate conclusion I take to be this:—It is only by studying the recorded drug provings that we can know the pure effects of medicines; and it is only by fairly trying experiments in the homœopathic method, that we can judge whether the matter of cure has anything to do with resemblance between the disease and the drug symptoms.

I cannot by any means acquiesce in your statement that "medicine is exceptional food," and that the homœopathic law, if true, ought to be equally true of both. I deny that there is any analogy between the actions of food and of medicine. Food is given to supply the waste of tissue, bulk for bulk. Medicine is given, by homœopaths, to exercise a specific effect (which, because we do not understand it, we call dynamical) upon the system, probably through the cerebro-spinal and sympathetic nervous systems. I know that medicine is sometimes given as food in allopathic practice, as iron, acids and alkalies, to supply a supposed defect in the blood. The more I see of the

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effects of medicines, the more I distrust this kind of therapeutics, at all events so long as the proper materials of nutrition are supplied in the food; but this is too long a question to enter upon now. I only wish here to deny the analogy between medicines and food.

Upon the dose question I must be brief, having already discussed it in my pamphlet. Here again, I do not object to take your own statement of the doctrine:—"When the body, or any portion thereof, is either prone to take on, or is actually taking on, any special action, any very small thing *tending in the same direction* is felt." And the remarkable thing is that whereas in matter mechanical the "very small thing" increases the existing tendency, so that in the instances you quote, the camel's back is broken and the rope-dancer comes to the ground; in matters therapeutical, the existing tendency is checked and destroyed. Now I suppose it is this apparent anomaly to which you allude, when you speak of "a system based on principles opposed to all those principles which we know to hold good in other departments." But what if this opposition is only apparent and not real? At all events this much may be asserted, that if we find not principles, but facts, in any particular department opposed to all those principles which we know to hold good in other departments, we can only conclude that the said principles do not apply in the department to which the said facts relate, and therefore that the opposition is not real. And indeed it would be difficult to see how the mechanical principles which hold good in the case of the camel and the rope-dancer, can have anything to do with the action of the thousandth part of a grain of *ipêcacuanha* in a case of hæmatemesis. But whether we can explain the facts or not, is not the question. We have got to find out what the facts are, and to deny the homœopathic action of medicines without investigation, merely because it is exactly contrary to what we should expect, seems to me as unphilosophical as it would be to deny that the eye transmits images to the brain, because the image is transmitted upside down.

But after all, the sum of all your objections against the



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homœopathic practice, as well as of all the objections that I ever heard, is that the medicines do nothing, and that nature and faith do everything; in short, that we are misled at every step by the *post hoc, ergo propter hoc* fallacy. But I take leave to say that this argument of *post, sed non ergo propter*, though a very good hobby, has been ridden much further than it is licensed to carry any one. I know, as well as the most sceptical philosopher, that in homœopathic as well as other practice, recoveries often occur with which there is no evidence that the medicine had anything to do; but I assert that there are numbers of cases in which the effect of imponderable doses is proved. This may be safely alleged when a sufficient number of the following circumstances are present:—1. The patient is a child, or being an adult, does not believe in homœopathy. 2. Striking relief from objective as well as subjective symptoms follows very soon after a dose. 3. The patient has been for a long time under other treatment, or no treatment, and soon recovers under homœopathic. 4. The first two or three medicines hastily prescribed, do no good; then a careful selection is made, and the patient gets well at once, although the last medicine had the same taste and appearance as the others. 5. The patient has to-day two medicines A and B. Three days hence he has two medicines B and C. He afterwards identifies the cup containing B, as being the medicine which he had before, although no one else could recognise anything but water in any of the medicines. Now each and all of these particulars have been observed by myself, and over and over again by those of greater experience than myself. Are these statements answered by general assertions that we mistake recoveries for cures, or are they not deserving of careful investigation? And when you come to think of it, does it not seem a perfectly monstrous supposition that hundreds of educated medical practitioners in all parts of the world, should go on year after year giving medicines in doses of the millionth part of a grain in all kinds of diseases, and should still believe these doses to be efficacious, if there were in truth nothing in them? I confess that to my mind such an hypothesis presents greater difficulties than the

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doctrine of imponderable doses, or any doctrine implying merely a physical marvel of nature's doing; even as christian apologists say that the manner in which christianity was maintained and advanced by the early christians, would, on the supposition that it had not a divine origin, involve a greater miracle than any recorded in the New Testament. The great "hater of shams," to whom your letter is dedicated, says somewhere:—"Doubt of whatever kind can be ended by action only." I suppose Mr. Carlyle means by this that honest action will clear up a man's path and show him whether his principles are sound, and not that it will confirm him in any principle taken at random, no matter whether true or false. But the latter would seem to be the case, if all homœopathic practitioners, who believe in their principle the more firmly the longer they practise it, are deceived and deluded every moment of their lives. If this be true, I do not see how we can ever have any confidence again in any kind of medical practice, or, for that matter, in the cultivation of any science, or the practice of any art.

It is not my intention to undertake the defence of Hahnemann, or to explain how it was that such intense and noble devotion to medical science, such acute observation of facts, such a power of comprehensive generalization, came to be united with such arbitrary dogmatism, and such an unscientific desire to have a crowd of followers whose law should be his *ipse dixit*. Hahnemann was not the first man who has bravely broken down despotism to establish truth, and then sought to support the throne of truth with a new despotism.

"Thus nature gives us (let it check our pride)

The virtue nearest to our vice allied,"

and perhaps a dash of fanaticism may have constituted a part both of the strength and the weakness of Hahnemann. I do entirely believe that Hahnemann's doctrine of the dynamization of medicines, which you treat with such contempt, was one of "the grandest discoveries of the age," although "he said it who shouldn't have said it." And although I have no faith in the olfaction of the quadrillionth of a grain of gold curing melancholia, yet I am strongly convinced that I have known great

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benefit result in diseases of bones from swallowing gold in doses of the billionth of a grain.

But though you could convict Hahnemann of absurdities infinitely greater than he ever uttered, it does not affect the present position of homœopathy one whit. What we insist upon is, not that everything uttered by Hahnemann is reasonable, but that the thousandth part of a grain of corrosive sublimate is a better remedy for dysentery than Dover's powder, and the thousandth part of a drop of Fleming's tincture of *aconite* a better remedy than calomel or antimony for inflammatory fever. It is such questions as these which have to be investigated, and without an investigation of them, arguments against homœopathy are mere words.

Before leaving this part of the subject, I may refer to your suggestion about small doses to aid and large ones to resist an existing action. I should think that careful observation might lead to some interesting results on this point, but I confess I see a great difficulty in distinguishing between actions tending to health and those tending to destruction. I suppose you would say that simple diarrhœa is an action tending to health, and therefore may rightly be assisted with small doses of castor oil; and that a comatose state tends to destruction, and ought to be resisted by large doses of jalap and croton oil. But I doubt if this distinction holds good. The morbid condition which causes the diarrhœa tends to destruction just as surely as the morbid condition which causes the sopor; and, for aught I know, the sopor itself may be a state which gives the system an opportunity of recovery, and so may tend to health as surely as the diarrhœa. I say there may be the tendencies of these different states, although they may not always be able to attain the end to which they are tending. But the homœopathist has one rule of practice in both cases.

And now I have only to say something about the sectarian character of homœopathy, which you allege justifies the profession in calling it a quackery. I think this question will resolve itself into the question, whether the system is true; for if it is true, I do not think you will persist in calling it a

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quackery, whilst I shall readily admit it to be such if it has no truth in it. But, being willing to make as large admissions as I may, I will concede that both Hahnemann and some of his followers have been too dogmatic, too sectarian, too censorious of those who do not agree with them. But on the other hand, homœopathy did not at first assume a sectarian character. Hahnemann appealed to the profession through the legitimate channels, and his followers have always desired to do the same. But that body of men which you assert to recognise "no authority but reason, no creed but truth," has, in the worst spirit of trades' unionism, closed its periodicals, its societies, and as far as possible its colleges and schools, against those who hold a particular doctrine. Is it not a fact that the profession forces us into sectarianism? If I meet a stranger at a consultation, I will engage to quote some doctrine of Galen, Celsus, or Boerhaave, and to recommend its application in the case, without giving him any offence, however little he may approve of it; but if I propose to carry out a doctrine of Hahnemann's, he will at once break off the conference and refuse to meet me again. On which side then is the dogmatism? But I am perfectly convinced that if you had made yourself acquainted with the homœopathy of the present day, you would have formed a different conclusion. If you would look over the *British Journal of Homœopathy*, this *Review*, or the *Transactions of the British Homœopathic Society*, I do not think you would lay down the books and say, "This is quackery."

You think that I cannot remain long a homœopath. I say, I must remain one until I am shown something better. I may go forward, but not backward. But though I am a homœopath, I do not regard our law as an "absolute law" in the strict sense of the term. It is the first and best rule of practice that I know of, but common sense tells us that there are cases in which it is not applicable. There may be incurable cases in which pain must be relieved by opium; poisons must be removed by emetics; and perhaps in wounds of the intestines the parts must be kept at rest by large doses of opium. The formula *similia similibus curantur* is not a prison, but a high road. We may be

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compelled to deviate from it sometimes, but we do so with reluctance, and return to it with alacrity.

I can conceive that the homœopathic law may be only a temporary one, and perhaps it is destined to be superseded by a more comprehensive generalization. The Therapeia of the future will doubtless be a more perfect thing than that of to-day; she will be "*matre pulchra filia pulchrior*," but we well know of what lineage she must come. She will be the daughter of this despised Homœopathia, whom Hahnemann introduced upon earth, whose lineaments are not recognisable but by those who are determined to cultivate her acquaintance, but who is generally saluted by such with an "*O, dea certe!*"

And now I have done with argument about homœopathy. It is a question of fact, not of words, and I have only desired by argument to remove wrong impressions. I do not venture to hope that your pen will one day defend the school of specific medicine, but I may perhaps trust that you will modify some of your opinions concerning that school, and that you may have some opportunity of promoting union among those who only aim at scientific truth.

Believe me yours ever truly,

J. GILES.

Auckland, New Zealand.—Aug. 1866.

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*The Homœopathic Treatment of Indigestion, Constipation, Hæmorrhoids, and Diseases of the Liver.* By WILLIAM MORGAN, M.D., &c. Third edition. London: Leath and Ross. 1866.

The third edition of any work scarcely requires a critical notice. The fact of a demand for such a re-issue stamps it with the mark of public approbation. A few words in explanation of Dr. Morgan's treatment of his subject may perhaps be desired by those of our readers who are not acquainted with the work before us.

The greater portion of the present edition has been rewritten; much which was considered as merely theoretical

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has, been omitted; while additional sections have been added on some subjects.

In the first few pages the process of digestion is described; a plate of the anatomical distribution of the organs concerned in the performance of this function being added, to assist the reader. Suitable observations on the importance of light, air and exercise, on general habits and diet, constitute the first part. The second is occupied with the consideration of *Dyspepsia*, of *Functional Disorder of the Duodenum*, and of two symptoms—*waterbrash* and *heartburn*—frequently met with in the course of dyspeptic cases. In the third part *Constipation* is treated of, and traced to derangements of the duodenum, cœcum, colon and rectum respectively. In the fourth, three very painful diseases of the fundament are examined, viz., *Piles*, *Pruritus*, and *Fissure*. In the fifth, *Diseases of the Liver*—diminished and excessive secretion of bile, acute inflammation and jaundice—are described, and their treatment pointed out. A few German spas are referred to in the sixth, and some of the principal Hungarian wines are recommended in the seventh part. An appendix gives a few receipts for cooking sick-room dainties.

The diseases comprehended within the limits of Dr. Morgan's book, though few in number, affect a very considerable proportion of the invalid population. They are, moreover, affections for which an inordinate amount of orthodox physic is frequently swallowed; physic, too, of a kind more calculated to render permanent than in any way relieve the ailments suggesting it. Dyspeptics are the proverbial prey of patent-medicine vendors and divers kinds of quackery. To such persons homœopathy is invaluable. Not only does it remove them from the temptation to do themselves mischief by gross drugging, but it points to means which, in harmless quantities, are powerful for good; and many are the sufferers from these disorders

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who have cause to be thankful that they placed themselves under the care of a homœopathic physician. To those who have not this opportunity, Dr. Morgan's book will afford some useful hints, by acting on which they may entertain strong hopes of finding relief.

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## CASES.

Reported by GEORGE STRONG, M.D., of Ross.

. It is not only amusing but instructive to an observer of character, to notice the various modes in which practitioners use the *Symptomen Codex*.

Some, who are gifted with comprehensive powers of memory, readily commit to its keeping large portions of Jahr's *Manual*, and in a consultation astonish you by their display; some have a way of grouping the remedies in classes, according to their sphere of action; others, again, store up in their minds what remedies are good for certain diseases, *e.g.*, they know that *bryonia*, *rhua*, *nux v.* and *sulphur* are suitable for rheumatism. There are a few who see at a glance some odd or characteristic feature in the case, which leads them unerringly to the proper remedy. These are the *artistes* of our profession; and they use their books much as an engraver would his rule or his compasses—to verify the accuracy of their dashing hits.

I venture to assert that fully one-half of the profession who make use of Hempel's *Jahr*, pass by without notice those curious marks which impart such a singular appearance to the pages of this work. The Preface informs us "that the symptoms which had been obtained by provings, and had afterwards been cured by the homœopathic agent, are marked with an asterisk [\*]; those symptoms which yielded to the operation of the remedy, without being known as pathogenetic effects, are designated by a cipher [°]." These neglected symbols are, however, highly valuable, being, in a word, "the good-conduct marks" of each drug or remedy; and the drug that possesses most of them will of course be registered as A 1 upon the books.

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Doubtless more significant marks might have been employed; as "2" instead of the star, to express its two-fold value, and "1" in place of the °.

The cases that have since been published in this country alone, would enable a laborious compiler to add considerably to the number of these "good marks." An uncommon example of this sort came before me last August.

C. Edwards, æt. 30, black hair, irritable temper, a blacksmith, on the skirts of the Forest of Dean. Has been pretty healthy; but four years ago he undertook work to which he was not accustomed, viz., wheeling very heavy weights for a fortnight. He felt he was overstraining himself, and soon after threw up some blood. It rose into his mouth at night, or after exertion, and seemed to draw from the right side about the hip.

There is no blood now, but more or less pain has continued in that part ever since, and down into the arm towards the insertion of the pectoral muscle. The breast swells the size of the hand, and is tender to the touch, and when the arm is moved. It has been worse lately. Cold will bring it on; singing too, or a hard day's work. He then feels much depressed, and wishes to lie down and give up. There seems to be nothing abnormal about the lungs or heart. *Ranunculus bulb.*  $\frac{10}{6}$ , nine doses—a dose three times a day.

After a pause of three days, *ran. bulb.*  $\frac{10}{6}$ , three doses, as before. This was on the 15th of August.

Sept. 8rd. His mother came. The medicine—one dose, even—seemed to take away the pain; and the swelling is much less. But having taken cold, the pain has returned again acutely. He is very low. *Ranunculus bulb.*  $\frac{10}{6}$ , nine doses, three times a day. After a pause of three days, *ran. bulb.*  $\frac{10}{6}$ , as before.

17th. He came in. Slight return of the pain in the pectoral muscle after he had done work, but not so tender to touch; less swelling too; feels the breath more free, and better spirits since. Repeat *ranunculus bulb.*, as before.

Oct. 11th. No pain, only a slight swelling of the breast. Depression gone. Can sing now. *Ran. bulb.* 6, night and



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morning, for five days. Pause four days, then repeat for five days.

Here, one muscle only, the *pectoralis major*, from its origin to its insertion, seems to have been affected. In looking out a remedy, *bryonia* and *rhus* did not come near enough to the requirements; *ranunculus bulb.* fulfilled them all, however, and by the result, is fully entitled to the double mark. Probably this medicine is not very often given in practice, inasmuch as it does not display the decoration of a single *star*.

Just about the same time, as chance would have it, S. Minton, mason, a fine powerful man of 45, came to me after working hours. For about two months has complained of a pain between the shoulders, beginning in the spine. It is most felt *after* a hard day's work with the right arm, as on a Sunday. It is often like deep stabs with a knife in the back, just between the shoulders; probably some part of the *latissimus dorsi*. It is not felt at night in bed. No other complaint. Tinct. *rhus tox.*, 3 drops of the 3rd dilution; divide into nine doses, a dose three times a day. As soon as finished, repeat the same in the same way.

In a month, Minton called to tell me he was greatly relieved.

These two cases of muscular injury, so alike in their origin, are afterwards well contrasted in their symptoms and in the remedy required for the cure.

L. S., 11th June, 1866. The youngest of her seven children is 14 years of age; her age is 47.

Four times in the last twelve months has had attacks of menorrhagia, which reduced her to death's door. The last came on in March, and continued for seven weeks. The flow was profuse, with clots—black, and of different colours. The coagula were six inches long, and expelled with labour pains; then she would faint and lie almost dead. When the colour disappeared there was leucorrhœa, often profuse and yellow. She is now suffering in this way. Tongue is pale; poor appetite, and the food seems to lodge at epigastrium; abdomen much distended with wind; bowels always inactive; water is high coloured, with a pink sediment; suffers from piles—there are two or three

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outside which often bleed ; tenderness and œdema of the feet ; frequent heats and chills ; sleep broken and unrefreshing ; is extremely low, and often cries ; heart easily flutters. *Nux v.* 6, a dose night and morning for four days. Pause three days, and repeat the course of *nux v.*

June 28th. She called. Has been better in many respects. After the exertion of seeing me, hæmorrhage came on, and has lasted ever since ; but for the last three days much worse—more pain. She looks very pale, though feeling more herself. Complains of much thirst ; tongue whitish ; appetite and digestion are much better ; the bowels act daily now ; abdomen much smaller—has *not* to loosen her dress ; piles are forgotten ; more sleep, and can rise in the morning ; more cheerful. *Nux v.*, 6th trit., in eight doses—a dose night and morning. Pause four days ; repeat *nux v.*

July 12th. The hæmorrhage is worse for some days, then better again ; perhaps it is no less than at the first visit. It is more by night ; colour is bright, and there are no coagula. Tongue pale ; is restless at night. *Pulsatilla*, 6th trit., nine doses—one three times a day. Pause three days, and repeat *pulsatilla*.

28th. The medicine seemed to increase the flow for four or five days, then it stops for a day completely, then returns for a short time ; altogether, perhaps, it is rather less. Return of flatulence and indigestion, and constipation ; restless nights ; more œdema of feet, and aching.

It is clear that time is being lost, and a more suitable medicine must be chosen. *China*, 3rd trit., nine doses—a dose three times a day. In three days repeat *china*.

Aug. 16th. The last medicine stopped the flow effectually—none for three weeks scarcely ; good sleep ; no chills, but heats, flushes and confusion many times a day ; bowels act every other day ; feet are smaller ; piles bleeding a good deal. Can go up stairs and make her bed, which she had not done for many months. *China*, 6th, eight doses—a dose night and morning. In three days, *china* 12th, eight ibid.

Sept. 20th. I heard no more of her until this morning, when

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she entered with a smile and a springing step, to return thanks for the cure. No colour now for nine weeks.

L. S. might have been cured sooner, if she could have seen her doctor more frequently, so that *china* might have been given earlier—immediately, indeed, it appeared that *pulsatilla* was not well chosen.

Cinchona bark was the first drug which Hahnemann tried upon himself with the object of proving its effects in health: in a few days he experienced all the symptoms of ague. His sagacious mind at once saw that bark cured ague because its powers were *very similar* to it.

Bark will thus descend to all time associated with his name and with the great revolution he has wrought in medicine though ague, that once slew her thousands, as well as the best and mightiest in this land, be dead herself now.

## CASE OF CHOLERINE.

By Dr. MORGAN, of Bath.

ON Saturday, September 22nd, at 11.15 P.M., I was sent for to see Mrs. W., who, about 7 that evening had been suddenly seized with shiverings, followed by diarrhœa and sickness. When I saw her the symptoms were, great feeling of nausea, retching, no vomiting; evacuations every ten or fifteen minutes, dark pea-soup colour, very liquid; violent cramps, extending from the feet to the hips; heat of head and face much below the ordinary temperature; hands and feet cold, and general feeling of coldness over the body, although a hot-water tin had been applied to the feet, and blankets and an eider-down quilt, in addition to the ordinary bed-clothes, had been put over her; pulse slow and feeble.

*Treatment.*—I immediately gave 10 drops of Rubini's *camphor* on sugar, applied two bottles of hot water to the body, covered the patient with an additional number of blankets, and ordered friction to the extremities. Ten minutes after taking the *camphor* there was another evacuation; cramps much lessened in severity. I administered then 8 drops of the *camphor*. Fifteen

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minutes after this second dose the surface of the body was hot, almost amounting to fever; pulse over 100, full, strong; the cramps had quite disappeared; some degree of nausea remained. I now ordered *mercurius* 3 every hour, with directions to return to the *camphor*, should cramp, diarrhœa or coldness come on.

23rd, 8 A.M. There have been only two evacuations since I left at 12.30 this morning; no cramp; pulse good. The patient says she has been in a burning heat since I left her; no perspiration. Continue *mercurius* at longer intervals.

5 P.M. No movement of the bowels; pulse regaining its normal character; indeed the patient expressed herself well, except feeling great prostration and soreness all over.

From this time my patient made a rapid recovery, without the slightest relapse.

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FUNCTIONAL DISORDER OF THE HEART, DEPENDENT ON ANÆMIA: CACTUS GRANDIFLORA.

By E. T. BLAKE, Esq., Wolverhampton.

In the following case the 3rd decimal dilution of this drug, given in drop doses every two hours, afforded immediate relief. The patient, a woman who had miscarried many times, and sustained heavy losses of blood, suffered greatly from anæmia, with symptoms of cardiac disturbance.

The pulse was feeble and very rapid; palpitation of the heart followed the slightest movement. To use the patient's own words, the heart seemed now and then to be "leaping as if it were turning over." Acute pain extended from the left acromion process to the nipple of the same side. There was no organic lesion of the heart. The constant palpitation appeared to be more strikingly relieved than any other symptom.

The action of the *cactus* was remarkably rapid and gratifying.

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A CASE OF CHOLERA.

Reported by W. FREEMAN, Esq., Kendal.

I WAS sent for on the 30th of October at 5 A.M. to see a woman, æt. 45, who was in her usual health on the previous day. Since

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one o'clock this morning, she had had bilious diarrhœa, bilious vomiting and cramps in the lower extremities. Some RUBINI'S CAMPHOR was sent to her and within ten minutes of her taking the first dose I saw her. The vomiting and cramps appeared to have been increased by the *camphor*. When I saw her she was lying cold and pale and frequently cramped; was vomited and purged every few minutes; the *ejecta* and *dejecta* being of a bilious character. The pulse was weak and frequent. Thirst considerable. The cramps were confined to the extremities; none were felt in the abdomen throughout the illness. The surface of the body though cold, and making the observer's hand cold when applied to it, was not moist; neither was there any unusual dryness. I gave one eighth of a drop of the tincture of *veratrum*, every ten minutes. I used the pure tincture because I had learned from Mr. Proctor that during the recent epidemic in Liverpool, it had been found more useful than the dilutions. In addition to the medicine the cramped parts were well rubbed with the warm hand and with hot flannels.

Three hours later the choleraic character of the attack was fully pronounced. The evacuations now had the rice-water appearance; cramps continued; the surface still cold, was almost clammy; the skin had acquired a violet tint; the eyes were sunken and the face "drawn." *Trit. carb. v.* 1, gr.  $\frac{1}{4}$ , was given in alternation with *veratrum*. At 1 P.M. she was worse. The motions passed away continuously; she was more blue, colder, more cramped; her shoulders and head were raised on pillows, and her arms were being continuously flung over her head. Urine was passed and never suppressed.

I now gave  $\frac{1}{200}$ ths of a grain of *cupri sulphatis*—the only preparation of copper at hand. From this time she improved steadily. By 5 P.M., diarrhœa had ceased. At 11 o'clock the skin was warm and moist; cramp had only been felt twice within six hours. Vomiting still occurred occasionally. She passed a fair night, and when seen in the morning suffered chiefly from heartburn and occasional vomiting. Her diet was restricted to arrowroot.

On the 1st of November, heartburn still continuing and being

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somewhat feverish, *aconite* 3 was given instead of the copper. Heartburn soon ceased; and in the evening the skin was cool. From this time convalescence was uninterrupted.

A single case of cholera does not supply material for positive conclusions, but may suggest hints and add somewhat to our knowledge of the disease. In this case there was an entire absence of all premonitory symptoms. Again, urine was passed during the whole of the attack. The cramps, it will have been observed, were confined to the extremities, being more severe in the lower than the upper.

With regard to treatment, I may observe that RUBINI's *camphor*, so far from checking, appeared to increase the vomiting and cramps. *Veratrum* and *carbo veg.* 1 had no influence, while *cupri sulphas* was followed by immediate improvement; and *aconite* 3 was as efficient in affording relief from heartburn.

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THE KING'S COLLEGE PROFESSOR OF PRACTICE  
OF MEDICINE ON HOMŒOPATHY.

In lecturing to students, a professor has the great advantage, not only of being unexposed to criticism, but of addressing those who are without the power of criticising. They are ignorant of the subject he expounds to them. They come to him to learn; and for the time they readily accept all he tells them, as simple, well-ascertained truth. When additional knowledge and an enlarged experience have enabled them to think for themselves, they not unfrequently find that a considerable amount of chaff was mixed with the wheat in their professor's discourses.

Had Dr. George Johnson's audience had a critical capacity, and had they had the opportunity of displaying it, he would never have ventured to presume so far upon their ignorance of the history of medicine and of the physiological action of drugs as to have given the following description of homœopathy, which we extract from the first of his course of lectures during the present session, on the *Principles and Practice of Medicine*. It appears in the *Lancet*, Nov. 10th, 1866.

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"You are probably aware," said Dr. Johnson, "that the homœopathic system professes to be based on two main dogmas:—1st. Like is cured by Like: *Similia similibus curantur*. A disease is to be cured by a medicine which has the power to produce the same or a similar disease in a healthy person. Quinine therefore should excite the symptoms of ague; and iodide of potassium should cause inflammatory nodes on the bones. Neither of these medicines, however, will produce any such result; and the dogma in question is an absurd delusion, which has no foundation in nature or in fact. 2nd. Medicines are to be given in infinitesimal doses; so that their effects may quickly cease when the disease has been subdued. This is so palpably absurd that many homœopaths have abandoned it. 'There are men of high dilutions, 'men of low dilutions, and men of no dilutions at all,' according to Mr. J. Garth Wilkinson. Probably many homœopathic practitioners give as large doses as those who do not profess that system."

The statement to which we wish to direct attention is—  
 "Quinine therefore should excite the symptoms of ague; and iodide of potassium should cause inflammatory nodes on the bones. Neither of these medicines, however, will produce any such result."

One would hardly have supposed that any physician, at all read in the *Materia Medica* of his art, would have denied the power of quinine, when taken in health, to excite a condition similar to *ague*. For the edification of those who are still ignorant of the physiological action of bark and its alkaloid, we will cite a few examples thereof; not, as we might have done, from Hahnemann's *Materia Medica Pura*, but from authorities Dr. Johnson will not be likely to dispute.

Dr. Weitenweber, of Prague, an allopathist, writes thus in the *Österreichische Wochenschrift* for March 1844, and gives as his supporters, Dr. Lachmann, and Professors Schroff and Stark:—"It is well known that experience and observation had, long before the time of Hahnemann, established the fact that many medicinal substances had the power of creating those very

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diseases against which they afforded the best remedies. To this class indisputably belongs the *Peruvian bark*, when given at improper times or in improper quantities; since the so-called cinchona-disease (China-Siechthum) offers a strong analogy with intermittents."

Again, Dr. Götz (*Med. Zeit. Russl.*, 1851) denies that *quinine* can radically cure ague, because he found that, after taking a considerable quantity of it, he became affected with a sort of intermittent fever. And Dr. Chevallier, who has the medical supervision of a large quinine manufactory, says (*Ann. d. Hyg.*, Juill. 1852) that the workmen are subject to a fever closely resembling ague; not curable by quinine, but only by removal from the manufactory.

Pereira asserts the power of cinchona to set up a febrile action. Guersant observes of sulphate of quinine, that it "excites a true febrile movement, of more or less duration." (*Dict. de Med.*) Christison attributes febrile symptoms to the action of this bark.

The fever excited among the workmen in the quinine manufactories in the south of France is thus described by M. Zimmer. The fever caused by quinine, or quinine-fever, attacks only those workmen employed in the mill, and who are consequently much exposed to the dust produced in the grinding of the bark. The disease shows itself at one time by an effervescence of the blood, causing great pulsation (or snapping of the veins); at another by an icy coldness of the whole body, insomuch that it has been compared to the action of an intermittent fever. From what I have seen, this fever seems to terminate by a short spontaneous accession, without the employment of any remedy for its amelioration.

The following case is reported by Dr. J. C. Peters, of New York, in the *North American Journal of Homœopathy*, Vol. IV. p. 538:—

"In the month of September last, I was requested to take charge of a hopeless case of consumption, in the person of a lady who had been using, for several weeks, one powder per day consisting of quinine gr. ii. and morphine gr.  $\frac{1}{8}$ . She insisted so strongly that she had received such comfort and benefit from



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the use of these powders, that I finally consented that she should continue to use them. In the course of a few weeks more, she earnestly requested permission to take two of these powders daily, viz., one in the morning, to make her comfortable during the day, and the other in the evening, in order to render like assistance during the night. In a short time she began to have violent shaking chills in the morning, commencing at about 10 or 11 A.M., and lasting from one and a half to three hours, followed by fever lasting for three or four hours, succeeded by profuse perspirations towards evening. These chills soon became so violent that she was always obliged to go to bed, to cover herself up warmly, and to take warm drinks. Much to my surprise, a request that she would give up the use of the powders was followed by the most urgent entreaties that I would allow her to take three powders per day. To this I finally consented for experiment sake; but the chills recurred with redoubled severity; so that at the end of a week more I had no difficulty in persuading her to discontinue their use: especially as I promised her that the chills, fever and sweats would subside soon after their discontinuance, or at least would become much more amenable to treatment. The chills lessened from the day the quinine was stopped, and in the course of a week or ten days they became so slight that they were never alluded to by the patient except when especially enquired after; nor have they returned to this day—some two months after the quinine was stopped. This patient had been consumptive for at least two years; had never been exposed to fever and ague; had taken quinine daily for at least six or eight weeks before the chills, fever and sweats set in; and these chills, &c. ceased very shortly after the quinine was omitted, and they have not returned in any marked degree since."

Numerous instances of the similarity of the quinine to the ague fever might be adduced; but sufficient has been advanced to prove that this similarity does exist. But here let it be remembered, that *all* agues are not so exactly similar to the quinine fever as to admit of quinine being curative in all. Hence it arises that not a few aguish patients have been dosed with quinine, not merely without advantage, but to their great disadvantage. Further, quinine being homœopathic to a large proportion of agues, and being prescribed by allopaths in massive doses, many in whom the fever is suppressed suffer grievously from aggravations in the form of enlarged liver and disorders of the nervous system.

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With regard to the iodide of potassium, we are not in a position to bring forward, on the authority of allopathic writers, cases in which the influence of this drug upon the osseous system has been exemplified. But, from the proving of it by Noack and Trinks, we can readily subscribe to its value as a remedy in some forms of periostitis, especially of the bones of the lower extremities. The tearing, burning pains in the tibiæ, felt especially at night, indicate its power to affect the periosteum. It is, however, in periostitis occurring as a result of mercurialism that the iodide of potassium has been found of the greatest service. This any homœopathist would have anticipated on studying the proving, inasmuch as the iodide of potassium simulates the action of mercury more closely than it does that of any other drug. Homœopathically, therefore, it is one of the antidotes to mercury.

As a remedy in purely idiopathic bone disease we do not think that surgeons, to whose care such cases usually fall, would be inclined to ascribe to it so high a value as Dr. Johnson apparently does.

Having in our first article enlarged on the connexion between homœopathy and infinitesimals, it is needless for us to refer to the second portion of Dr. Johnson's allusion to homœopathy.

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MEDICINAL AGGRAVATION THE RESULT OF AN EXCESSIVE DOSE OF A HOMŒOPATHIC REMEDY.

THE provings we have of *bromine* are fragmentary, it is true; but, taken collectively, they indicate with tolerable exactness the sphere in which this powerful drug will be found curative. Upon the strength of these observations,\* it has been employed largely and successfully in membranous croup, and in other forms of acute laryngeal disease. To inflammation of the larynx it is manifestly homœopathic. A powerfully and rapidly acting drug at all times, it is of course especially so when the

\* *British Journal of Homœopathy*, Vol. V. p. 288; *North American Journal of Homœopathy*, Vol. I. p. 378; *Hempel's Materia Medica and Therapeutics*, p. 914; *Monthly Homœopathic Review*, Vol. I. p. 93, and Vol. V. p. 497.

## NOTABILIA.

condition it excites in health is present. Hence the importance of prescribing it in small doses. Physicians who do not appreciate the homœopathic law, who ridicule small doses, occasionally, indeed we may say frequently, prescribe medicines (whether consciously or otherwise) which are homœopathic; acting ignorantly they give just the same dose of a homœopathic medicine as they would of one that is allo- or antipathic. Not unfrequently when they do so, their patients get into trouble in consequence, and a really useful remedy is discarded. Under such circumstances it is usually pronounced unmanageable! How many *aggravations*—real genuine aggravations—follow the use of Buxton and Harrogate waters, simply because they are taken in large quantities in diseases to which they are homœopathic! But to return to *bromine*. In *L'Union Médicale*, June 16th, 1866, Dr. L. Marcq reports a case of poisoning by *bromine*. A digest of his report appears in the *British and Foreign Medico-Chirurgical Review*, October 1866. From this we learn that Dr. Marcq had under his care a man suffering from non-tuberculous ulcerated laryngitis. Many medicines had been used in vain, when he was put upon *bromide of potassium* and *cod-liver oil*. Considerable improvement ensued, but wishing to get well rapidly, the action of the *bromine* was increased by the local application of *bromine* itself on the affected parts by means of a pulveriser. Here was a homœopathic remedy given in excessive doses. Now mark what followed:—"A week afterwards the patient had a dirty yellow complexion, hollow eyes, "a strange fixed look, a face without expression, considerable "emaciation, tottering limbs, trembling hands, and a generally "cachectic state. Gradually the appetite was lost; intense "pains supervened on the hairy scalp, especially at night; the "strength was daily diminished, and the trembling increased "in proportion. But as these symptoms of *bromine* developed "themselves, the disease of the throat was relieved. As the fact "of poisoning by *bromine* appeared to be established, it became "necessary to eliminate the poison, and the *bromine* was therefore discontinued, and only emollients and light diet were "prescribed. In two months the symptoms of *bromine* had

## NOTABILIA.

"declined, and eventually the patient recovered completely. "He regained flesh and strength; the disease of the larynx "appeared to be cured, and nothing was left of this affection "except a slight sensation of pain on pressure over the left of the "thyroid cartilage." Should Dr. Marcq or any other allopathic physician, meet with a similar case in future, we advise him to use the same medicine in a small dose—say the hundredth part of a drop. He will find that he can then cure his laryngitis without inducing *bromism*; just as diseases to which *mercury* is homœopathic can be cured without exciting mercurialism. When a medicine homœopathic to a disease is prescribed, it must be given in a small dose, just as when one that is allo- or antipathic is given, the quantity must be large; must in short be pathogenetic. Edged tools are dangerous weapons. A homœopathic remedy, in the hands of one who ignores the homœopathic law and its consequences, is a two-edged tool.

## HAHNEMANNISM AND HOMŒOPATHY.

DR. IMBERT-GOURBEYRE, in his recently published *Lectures Publiques sur L'Homœopathie faites au Palais de Facultés de Clermont-Ferrand*, expresses himself as follows:—

"I abandon Hahnemann as a pathologist, but I hold to him as the greatest therapist that has appeared these two thousand years. I am disposed to condemn him upon many points of doctrine which it would be useless to discuss here, as the psoric theory; and these are matters in which the majority of the disciples have not followed the master.

"There exist at the present time among homœopaths two very distinct parties. The one professes a homœopathy which they call '*pure*,' but I '*exaggerated*.' These see in the master's doctrine much more than a simple method of cure. To them it is a new medicine, whose calling it is to overturn the ancient medicine from the very foundation. Besides a homœopathic therapeutics, they would have a homœopathic physiology and pathology. These anti-scientific pretensions have contributed not a little to retard the progress of homœopathy.

"The other party is that of eclectics, and this is the most numerous. These do not accept the works of the master without discrimination and checking. They reject his pathological mistakes, and rally only around the two fundamental principles of his doctrine, the law of similars and the infinitesimal dose, disencumbering themselves, even here, of his errors in detail. For my part I belong to the eclectic party, and defend homœopathy only as reduced to its true value."

## OBITUARIES.

## OBITUARIES.

J. T. CONQUEST, M.D., F.L.S.

DR. CONQUEST's death on the 24th of October, at the age of 77, has snapped another of the very few remaining personal links by which the profession of medicine of the present day is connected with those eminent men who were its ornaments during the early part of the present century.

Dr. Conquest was the son of a physician residing at Chatham, where he was born in 1789. When only 18 years of age, he was admitted a member of the College of Surgeons. Shortly afterwards he received his commission as an assistant-surgeon in the army. After a few years' service he resigned his commission, and proceeded to the University of Edinburgh. Here he graduated in 1813, and returning to London joined the College of Physicians, and commenced the practice of his profession during the following year.

His talents, industry, geniality and well marked christian character were not long in attracting attention. As a physician-accoucheur it was that he was best and most widely known. On the resignation by Dr. Gooch of the lectureship on obstetric medicine at St. Bartholomew's Hospital, he was appointed his successor; and soon gathered around him one of the largest classes in the metropolis. For the use of his pupils he published his *Outlines of Midwifery*. This for many years was the textbook at every medical school in the country. Its reputation extended far beyond the narrow limits of our own country, and was translated into most of the European languages, and more recently into Hindustani and Chinese.

Dr. Conquest, notwithstanding the arduous character of his professional work, was ever ready to assist in promoting any scheme, having for its object the moral and religious welfare of his fellow men. With Alderman Hale and others he was instrumental in founding the City of London Schools.

Dr. Conquest was likewise a man of some mark in the literary world. He wrote a pamphlet on *The Use and Abuse of Money*, which led to his offering a prize of one hundred guineas for the best essay on the subject. The well known work of the late Rev. Dr. Harris, entitled *Mammon*, was the result. He was also the author of a revised edition of the BIBLE, generally known as *The Bible with 20,000 Emendations*.

It is to us a matter of great interest that one so eminent, so widely and so deservedly respected, a man whose high professional position, whose extensive learning and strict integrity none could question, should, while his intellectual vigour was un-

## OBITUARIES.

dimmed, at a time when his judgment was only matured by lengthened experience and observation, have carefully investigated homœopathy, and have candidly acknowledged its value as a system of medicine.

This he did in 1859 in a pamphlet—that has since gone through three editions—entitled, *What is Homœopathy? Is there any and what amount of Truth in it?*

The conclusion he drew from his investigations, given on the 22nd page of his essay, is as follows:—

“That homœopathic principles and practice will eventually overcome all that ignorance, prejudice and pride oppose to their universal adoption, and effect that mighty revolution in medical practice, which will be attended by prolongation of life and increased comfort of existence, I have no more doubt of, than that I now pen this prediction.”

Though not known as a practitioner of homœopathy, we are well assured that his personal influence, the weight of his professional reputation, have contributed their quota in hastening the day when this prediction shall be completely fulfilled.

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CHARLES BRISLEY, Esq.

We regret to announce the death, at the age of 58, of Mr. Brisley of Devonport.

Early in life the law was chosen as his profession. The mental labour he imposed upon himself in its study gave rise to a severe and protracted illness; after his recovery he abandoned the law, as being unsuited to his tastes and disposition, and devoted himself to literature. When 40 years of age, he commenced the study of medicine, under the direction of a personal friend—a Medical Inspector of Hospitals and Fleets. He subsequently entered at University College Hospital, and was admitted a member of the College of Surgeons in 1859. He at once commenced practice at Plymouth. Shortly afterwards he was appointed house-surgeon at the London Homœopathic Hospital. An invitation to settle at Kendal was accepted by him in 1861. There he remained until last year, when circumstances induced him to remove to Halifax. The state of his health, however, rendered a residence in a milder climate desirable, and only two months before his death he returned to the south of England with the intention of practising at Devonport. There he died on the 21st of October, after eleven days' suffering from double-pneumonia. The attack being unusually severe, from its occurrence in one whose constitution naturally delicate was still more enfeebled by a recent and severe attack of diarrhœa, and the fatigue incident to his removal.

## TO CORRESPONDENTS, ETC.

Our colleague was a most highly conscientious and estimable man. As a practitioner, he was a close follower of the precepts of Hahnemann, adhering to the letter of the *Organon* with the most scrupulous exactitude. By the medical officers at the Hospital in Ormond Street, and by all with whom he was subsequently brought into contact where he practised, he was most warmly esteemed.\*

We regret to have learned that his delicate health having debarred him from the opportunities afforded by life assurance, of making a provision for those near and dear to him, his widow is left almost without a means of securing a livelihood. Regard for her deceased husband and a sympathising interest in her deep sorrow, induced some members of the British Homœopathic Society, at a recent meeting, to commence a subscription for the purpose of enabling her to take a suitable business. Mr. CAMERON, of 43, Hertford Street, May Fair, received the donations at the Society; and, we are authorised to state, that Dr. DRURY, of Harley Street, will be happy to receive any further contributions our colleagues, who may be willing to assist in caring for the necessities of their deceased brother's widow, may desire to send.

\* Since this brief notice was in type, we have received letters from some of those who were patients of Mr. Brisley's when he resided at Kendal, speaking in terms of the warmest gratitude of his kind and conscientious discharge of his professional duties to all who came under his care, of his success in the treatment of disease, and of the respect which was generally entertained for him by his fellow-townsmen. His removal from Kendal was a source of great regret, as his sudden death is now of deep grief to all who knew him intimately.

## NOTICES TO CORRESPONDENTS.

Dr. MASSY's paper on the Royal German Spa, and the Dispensary Reports of Manchester and Guilford, are unavoidably deferred till our next number.

Communications have been received from Dr. Drury, Harley Street; Dr. Fleury, Manchester; Mr. Freeman, Kendal; Dr. Massy, Brighton; Mr. J. Somerville, Kendal; Mr. J. Moore, Upper Berkeley Street, &c.

## BOOKS AND PERIODICALS RECEIVED.

*An Account of Dr. Rubini's Camphor Treatment of Cholerae Diarrhœa and Asiatic Cholera.* By FREDERICK SMITH, Esq. London: Jarrold & Sons.

*The Medical Mirror*, November 1866.

*American Homœopathic Observer*, November 1866.

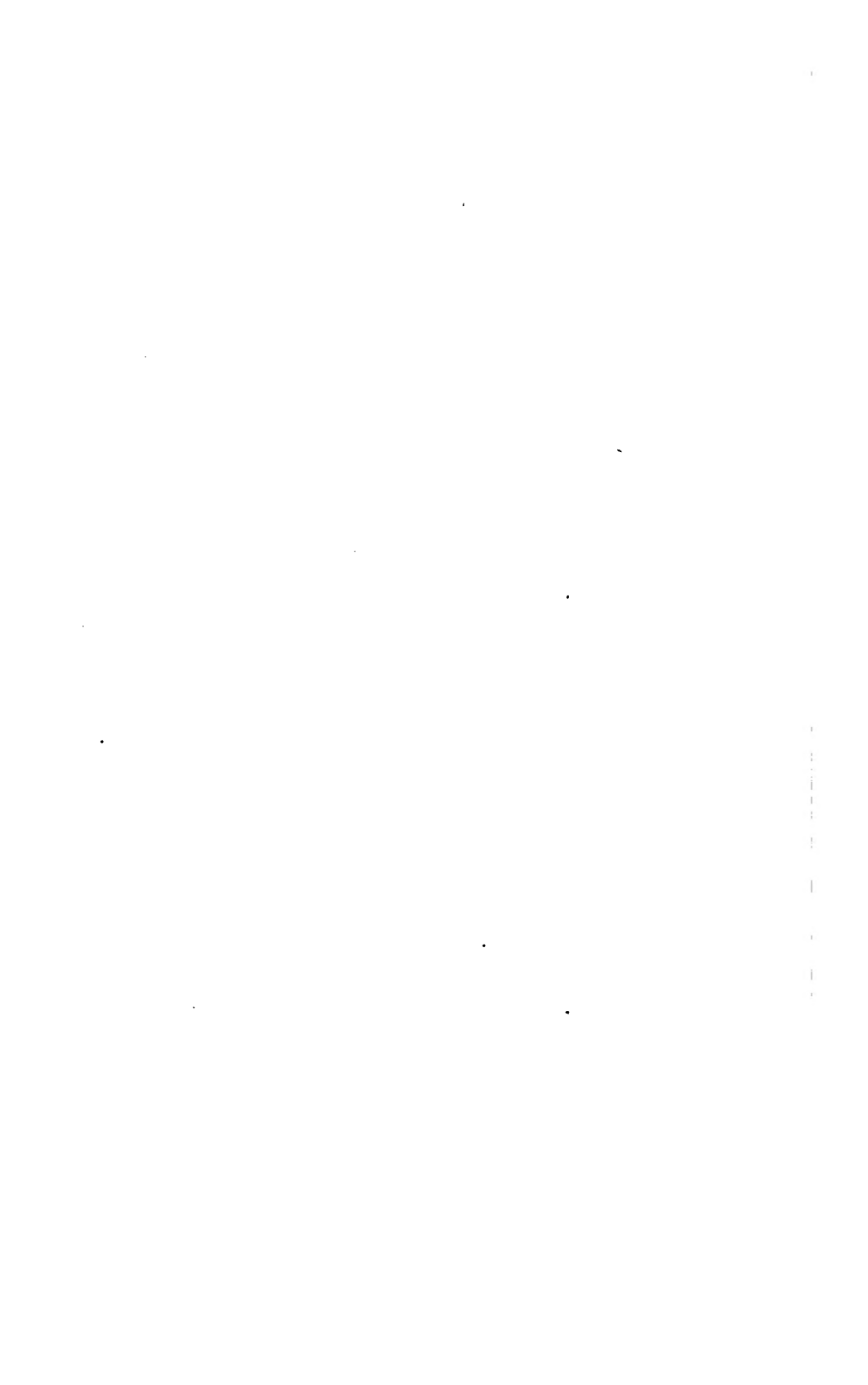
*Allgemeine Homœopathische Zeitung.*

*Neue Zeitschrift für Homœopathische Klinik.*

*Bulletin de la Société Médicale Homœopathique de France.*











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